



***Advocates for Washington's Fish and Wildlife***

### SHOWING OF INTEREST FORM

My name is (please print): \_\_\_\_\_.

I am employed by the Washington Department of Fish and Wildlife in the position of  
\_\_\_\_\_.

I am interested in joining the Washington Association of Fish and Wildlife Professionals  
(WAFWP) for the purposes of collective bargaining representation.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please complete and return card to: WAFWP ATTN: Treasurer, PO Box 551 Olympia, WA 98507-0551

For more information about WAFWP see our website: [wafwp.org](http://wafwp.org)