



MEMBERSHIP APPLICATION or RENEWAL

_____ *New member* _____ *Membership Renewal*

**Membership year runs from January 1, through December 31.
Deadline for renewal of your 2020 membership is March 31, 2020.**

Please provide all information requested on this form. Thanks.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

E-mail: _____

Telephone: _____ Cell: _____

Current DSP Assignment: _____ Retired/Separated (Date): _____

Highest Rank/Position: _____ Recruit Class # _____ Badge# _____

_____ Full Member: \$15.00/year or _____ Associate Member: \$15.00/year

If you wish to pay multiple years, you may do so by multiplying the number of years by \$15.00.

Amount Paid: _____

Make your check payable to: WSPAA, Inc. and return this form along with your check to: Linda Woldt, 3120 Breeze Drive, Sun Prairie, WI 53590.

For Inquiries on your Membership, please contact:

Membership Coordinator: Cris Lewis (swimlewis@sbcglobal.net)
920-470-2145 OR

WSPAA Treasurer: Linda Woldt (wspaa2011@gmail.com) 608-279-0661

Email: WSPAlumni.inc@gmail.com Visit our website: <http://www.wapalumni.org>