

2024 MEMBERSHIP APPLICATION or RENEWAL

New Memb	per 🗌 Membership F	Renewal	
Membership year runs from January 1 through December 31, 2024 (the deadline for renewal of your membership is March 1)			
Please provide all info	rmation requested on thi	s form. Thanks.	
Name:			
Address:			
City:	State:	Zip:	
Email:			
Telephone:	Cell:		
District/Post You Retired From:	Retired/Sep	arated Date:	
Highest Rank/Position:	Recruit Class #:	Badge #:	
Full Member: \$20.00/year or			
Associate Member: \$20.00/year			
If you wish to pay multiple years, you	may do so by multiplying th	ne number of years by \$20.00.	
Amount Paid:			
Make your check payable to: WSPAA, Inc.			
Return this form along with your check to:			
Linda Woldt 3120 Breeze Drive Sun Prairie, WI 53590			
For inquiries on your membership, please co	ontact:		
Membership Coordinator: Mary Sand WSPAA Treasurer: Linda Woldt (wsp			