

2025 MEMBERSHIP APPLICATION or RENEWAL

☐ New Memb	per	Renewal
· · · · · · · · · · · · · · · · · · ·	rom January 1 through Denewal of your membership	•
Please provide all info	ormation requested on the	is form. Thanks.
Name:		
Address:		
City:	State:	Zip:
Email:		
Telephone:		
District/Post You Retired From:	Retired/Sep	parated 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 t	he 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		

For inquiries on your membership, please contact:

Sun Prairie, WI 53590

Membership Coordinator: Mary Sander (mamabear6615@gmail.com) WSPAA Treasurer: Linda Woldt (wspaa2011@gmail.com) 608-279-0661