



MEMBERSHIP APPLICATION or RENEWAL

New Member *Membership Renewal*

Membership year runs from January 1 through December 31
(the deadline for renewal of your membership is March 1)

Please provide all information requested on this form. Thanks.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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.**

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