



MEMBERSHIP APPLICATION or RENEWAL

_____ New member, please complete the entire form

_____ Membership Renewal: If there is no change in your address, telephone or email, please enter the year (s) you are renewing for in this box and fill in your name below.

Membership year runs from January 1, through December 31.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

E-mail: _____

Telephone: _____ Cell: _____

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

Highest Rank or Position: _____

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

Amount Paid: _____ Renewal Year(s): _____

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: Mary Heffernan – Sander (mamabear6615@gmail.com) 715-222-2524 OR

WSPAA Treasurer: Linda Woldt (vdbriese@frontier.com) 608-279-0661

Email: WSPAlumni.inc@gmail.com

Visit our website: <http://www.wspalumni.org>