

Please fill out this membership application form if you would like to become a member or to renew your expired membership. Print out your application using the Print button.

## W.S.R.D.S.P.O.A.

### APPLICATION FOR MEMBERSHIP

Today's Date \_\_\_\_\_

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

Retired from (Dept) \_\_\_\_\_

Retirement Date \_\_\_\_\_ LEOFF 1 \_\_\_\_ LEOFF 2 \_\_\_\_ Surviving Spouse \_\_\_\_ Associate Member \_\_\_\_

Hobbies, Activities, Comments about family etc:

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E-mail address \_\_\_\_\_

I agree \_\_\_\_ to add my e-mail address to the association directory which list only Name, e-mail and Dept.

Sponsored by: \_\_\_\_\_

New member: \_\_\_\_ Renewal: \_\_\_\_ Dues run from January 1st to December 31st and are \$20 per year for ALL memberships.

Associate Member: \_\_\_\_ **NOTE** – Associate members (persons other than LEOFF 1 or LEOFF 2 active or retired) must be approved by the Executive Board

**Make your check payable to W.S.R.D.S.P.O.A.**

**Mail to: W.S.R.D.S.P.O.A. P.O. Box 1805 Sumner, WA 98390**

**Once we receive your application, you will be notified via email of your Username and Password for you to enter our website. Thank you!**