

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.

Today's Date _____

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

APPLICATION FOR MEMBERSHIP

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:

Member E-mail _____ Spouse E-mail _____

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 \$30 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!