

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:

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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 13265 Spokane Valley, WA 99213

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