



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/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. 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: Cris Lewis (swimlewis@sbcglobal.net) 920-470-2145

OR

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

Email: WSPAlumni.inc@gmail.com Visit our website: <http://www.wspalumni.org>