



WASHINGTON STATE PATROL ATHLETIC ASSOCIATION
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Membership Application

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Wk E-mail Address: _____

Hm E-mailAddress: _____

WSP:

Commissioned: Non-Commissioned: Retired: Spouse:

Rank/Title: _____ District: _____ Detachment: _____

Other Law Enforcement Agency:

Agency Name: _____

Rank/Title: _____

I am currently a WSPAA member and need to change my information

