



WASHINGTON STATE PATROL ATHLETIC ASSOCIATION
PO BOX 42637 OLYMPIA, WASHINGTON 98504-2637
MAILSTOP 42637 360-596-4852 Office 360-586-2525 Fax
E-mail: wspaaboard@gmail.com

Payroll Deduction Authorization

Name: _____

Personnel Number (TAR Number) _____ Dist _____ Det _____

By my signature, I hereby authorize a monthly deduction of

- \$5.00 (\$2.50 each check) Employee Membership
- \$10.00 (\$5.00 each check) Employee/Spouse Membership

Beginning with my payroll warrant: Month _____ Day _____, Year _____ to be forwarded to the Washington State Patrol Athletic Association until canceled or superseded in writing by me.

Signature Date

The Washington State Patrol Athletic Association is dedicated to promoting health and fitness for all members.

Associate Membership: WSP volunteers, any law enforcement official or any WSP employee spouse or partner

Voting Member: Any current or retired WSP employee is eligible to be a voting member.