

Retired Washington State Patrol Employees Association

New Member Application Form

Your Status (check one): Retiree____ Survivor____ Associate____

Welcome! We are pleased to have you join our association. We need some information from you to be able to better manage our records, mailings, website, etc. Please rest assured that none of the information you provide will be made public; it is for Association use only. Information posted on the website containing names or other personal information is posted in a secure Retirees Only section, which requires a username and password to access.

Name: First: _____ Last: _____

Address: _____

City: _____

State: _____ ZIP: _____ Phone: () _____

Month and Year of Birth: _____ (for use by Secretary to issue Life membership card when reaching the age of 75)

Email Address: _____

Retirement Date: _____

Rank at Retirement: _____

Spouse's Name: _____

I hereby authorize the RWSPEA to advise the WSP Human Resources Division of my updated contact information.

Signature: _____

Date: _____

Please fill out the form and mail to:

RWSPEA
520 W 4th St
PO Box 127
Waitsburg WA 99361-0127