

WAWP MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Full Name (Include middle initial):

New Member Renewal Associate (Please circle)

Personal email:

Current address:

Cell phone:

City:

State:

ZIP Code:

New members only: How did you hear about our organization?

EMPLOYMENT INFORMATION

Current Agency:

Date of hire:

Agency address:

Phone:

E-mail:

City:

State:

ZIP Code:

Sworn: Yes No (Please circle)

Current rank/title:

Retired: Yes No (Please circle)

Date of Retirement:

CONTACT PREFERENCES

Preferred email for organization notifications: Personal Work (Please circle)

Preferred mailing address for newsletter: Home Agency (Please circle)

COMMITTEE INTEREST

Please circle one: Newsletter Membership Conferences Awards Luncheon Training Finance Social Events

TYPE OF MEMBERSHIP (CHECK ONE)

Single Membership - \$20.00

Household Membership - \$30.00 When more than one law enforcement officer is living at the same address

Names of household members:

Lifetime Membership - \$275.00

SEND FORM AND PAYMENT TO:

Wisconsin Association of Women Police (WAWP)
PO Box 2338
Madison, WI 53701-2338

Office use only:

Check number _____ Cash Amount _____

SIGNATURE

I authorize the verification of the information provided on this form.

Date:

Signature of applicant: