

# Retired Washington State Patrol Employees



## Association

### Membership Application Form

**Check One:** Retiree  Updating Info  Still Working\*\*  Associate  Survivor  Disabled

Welcome! We are pleased to have you join our Association. We will need your current information 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 Membership Only section, which requires a username and password to access.

\*\* If your eligible to retire but are still working, you may still join RWSPEA.

Name: First: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Rank or Title: \_\_\_\_\_ If Retired, Retirement Date: \_\_\_\_\_

Month and Year of Birth: \_\_\_\_\_/\_\_\_\_\_ (for use by RWSPEA Secretary to issue Life membership card when reaching the age of 75) Dues are 30.00 per year, lifetime dues are your age from 75 times \$30.00. (Example is 65 years old from 75=10 X \$30 = \$300)

I hereby authorize my contact information to be shared with RWSPEA and the WSP Human Resources Division.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the completed form to:

**RWSPEA**

**PO Box 127**

**Greenacres, WA 99016**