WSLEA MEMBERSHIP APPLICATION

Name: _____
First Middle Last

Your Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (_____)_____ Cell: (_____)_____

Department: _____

Department Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Department Phone: (_____)_____ Fax: (_____)_____

Please check one: ☐ LEOFF I ☐ LEOFF II ☐ PERS

Are you retired? *(Please check one)* ☐ Yes ☐ No

If yes, from what agency? _____

Year retired? _____

Please make check payable to WSLEA and mail, together with Application to:
WSLEA * 6947 Coal Creek Pkwy SE, PMB 447 * Newcastle, WA 98059

Annual Dues

Annual Payment (Active Member*)	$36
Annual Payment (Associate Member)	$18
Annual Payment (Retired/Lifetime Members)	$0

*for payroll deduction, contact your payroll department)

Please include a copy of your retired Law Enforcement identification if available