



**WPA MEMBERSHIP APPLICATION / RENEWAL FORM**

Membership Year \_\_\_\_\_

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE TO BE SENT:  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL FOR WPA NEWS TO BE SENT:  
\_\_\_\_\_

PHONE NUMBER(s): \_\_\_\_\_

\_\_\_\_\_ NEW APPLICATION

\_\_\_\_\_ RENEWAL

TYPE OF MEMBERSHIP:

\_\_\_\_\_ ACTIVE (\$25)

\_\_\_\_\_ ASSOCIATE (\$15)

**Please return completed application with payment to:  
Women Police of Alaska  
P.O. Box 232206  
Anchorage, AK 99523**