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 II ❑ PERS

For maintenance of our member file, please complete the following:

Are you retired? *(Please circle one)* Yes No

From what agency?_____

Please Make Check Payable to WSLEA and Mail Together With Application To:
WSLEA • PO Box 7369 • Olympia, WA 98507

Annual Dues

❑ Annual Payment (Active Member)	$38
❑ Annual Payment (Associate Member)	$20
❑ Annual Payment (Retired)	$8
❑ Payrolll Deduction (contact your payroll department and sign up)	