



SPAA MEMBERSHIP RENEWAL FORM



TYPE OF MEMBERSHIP: (Check One) (Note: All Dues and Fees are subject to WA State Sales Tax)

- ASSOCIATE** Over 21 and under 60 years of age - \$135.00
- SENIOR** Over 60 years of age - \$80.00
- AUXILIARY** Over 21 and a member of a law enforcement agency - \$90.00
- LIFE MEMBER** Annual Maintenance Fee - \$50.00

Dues (amount paid) _____ Date Paid: _____

Check #: _____ Credit Card #: _____ Expiration date: _____

******NOTE: Certification/Release at bottom of invoice MUST be signed, dated, and returned prior to renewal. ******

Dear Member:

So that we may bring our records up to date, please note any change(s) in the information listed on this invoice. Membership dues paid to the SPAA are not deductible as charitable contributions for federal tax purposes. Thank you for your patronage, SPAA

Name: _____ Member Number: _____

Street: _____

City/St/ZIP: _____

HOME PHONE: _____

OCCUPATION: _____

WORK PHONE: _____

SSN: _____

D.O.B: _____

MEMBER #: _____

* NOTE: Social Security Number is not required !

I hereby certify that I have not been convicted of a serious offense (RCW 9A.010(12), a domestic violence offense (RCW 10.99.020(2), a harassment offense (RCW 9A.46.060) a felony violation of the uniform controlled substance act (RCW 69.50) or a felony in which a firearm was used or displayed. That I have not been convicted on three occasions within 5 years of driving a motor vehicle or operating a vessel while under the influence of intoxicating liquor or any drug. That I have not been involuntarily committed for mental health treatment pursuant to Washington State Law. I authorize the SPAA or its agent to conduct a search of any law enforcement agency for any criminal history pertaining to me and to release same to the SPAA Board of Directors for consideration. I hereby release the law enforcement agency, the SPAA and its agent from any liability whatsoever which might occur as a result of the acquisition or release of any such records pursuant to this authorization.

SIGNATURE

PRINTED NAME

DATE