



# WEST POINT PARENTS CLUB of WASHINGTON

## MEMBERSHIP APPLICATION - PLEASE PRINT PARENT/GUARDIAN INFORMATION

**Name:** \_\_\_\_\_  
 Father's First Name Last Name

\_\_\_\_\_

Mother's First Name Last Name

**Mailing Address:** \_\_\_\_\_  
 Street or P.O. Box

\_\_\_\_\_

City, State, Zip

**Father's Phone:** \_\_\_\_\_ **Mother's Phone:** \_\_\_\_\_

\_\_\_\_\_

Home Home

\_\_\_\_\_

Cell Cell

**Father's Email:** \_\_\_\_\_ **Mother's Email:** \_\_\_\_\_

\_\_\_\_\_

## CADET INFORMATION

**Name:** \_\_\_\_\_  
 First Name Nickname Last Name Birthday (MM/DD/YY)

**USMA Class of** \_\_\_\_\_ **Male**\_\_\_ **Female**\_\_\_ **WP P.O. Box** \_\_\_\_\_  
 (after assigned)

**I/We hereby apply for membership in the West Point Parents Club of Washington. I/We have enclosed dues payment of \$150.00. This will cover ALL 4 years of membership on a non-refundable basis. I/We consent to have our names and key contact information appear on the Club membership roster and /or permit release to interested (non-commercial) parties connected to the Academy or the Club.**

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you wish to pay by credit card, please go to our website: <http://wppcwa.org> , hover "Membership", then select "Regular Membership". Submit payment through PayPal.

WPPC-WA c/o Treasurer  
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