



West Point Parents Club of Washington Membership Application

PARENT/GUARDIAN INFORMATION

Name:

Please Print

Father First /Last

Mother First/Last

Mailing Address:

Street or P.O. Box

City, State, Zip



Father's Phone: Please indicate preferred #



Mother's Phone: Please indicate preferred #

Home

Home

Work

Work

Cell

Cell



Father's Email:



Mother's Email:

CADET INFORMATION

Name:

Please Print

First

Nickname

Last

Birthday

USMA Class of _____

Male

Female

USMA 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.

PAYMENT INFORMATION

Tax-deductible 4-year membership dues* \$150.00

Pay by: Check # _____

(payable to WPPC-WA)

If you filled in the form online, you can hit mailbox button to email the form.

Or – print the form and mail the completed form to:



WPPC-WA Sharon Losey

330 Nisqually Cut Off Rd SE, Olympia, WA 98513

www.west-point.org/parent/wppc-wa/

Pay using PayPal:

A convenience fee is added to the amount to cover the transaction charges by paypal. "2.90% service charge and \$0.30 transaction fee for the use"

Total amount using Paypal - \$154.65

Press this button to submit the form and redirect you to paypal

