

WEST POINT SOCIETY OF N.Y. MEMBERSHIP DATA FORM

To join or renew your membership, and/or make a contribution, you may do so online, by mail, email, or by fax. Please print clearly or type.

Online: <https://secure.west-point.org/wpsny/membership/>

Email: WPSNYAdmin@west-point.org

Mail: West Point Society of New York, P.O.B. 3564, New York, NY 10163

Fax: (212) 504-7980

Name _____ New Member
USMA Class _____ Gender M F _____ Renewal
Home Street _____ Information Update

Home City, State, Zip _____

Home Phone _____ Spouse _____

Company Title _____

Company _____

Company Street _____

Company City, State, Zip _____

Business Phone _____ Business Fax _____

Email Address _____

NOTE: Most updates are sent via email, so please notify us of any changes in your email address.

Send regular mail to: (circle one) Home Office

Industry _____ Job Type _____

Graduate School Name _____ Year Graduated _____

Field of Study/degree _____ Description _____

Please note: All Regular and Associate WPSNY memberships expire on June 30th of each year.

____ Lifetime Membership (\$1000) ____ Regular/Associate Membership (\$45) ____ Contribution (Tax Deductible)

I am paying by: check number _____ Total amount \$_____ (Make check payable to WPSNY.)

I am paying by MasterCard/Visa (only cards accepted - no American Express) Total amount \$_____

Account # _____ Expiration Date _____

Name on Card _____ Billing Zip Code _____

Signature _____