



Membership Application & Renewal Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address *(required for communications)*: _____

Airplane Make: _____ Model: _____ Airplane: N#: _____

Notes:

Calendar Year(s) for Membership (please circle one or more): 2020 | 2021 | 2022 | 2023 | 2024

Membership Level

Membership Type	# of memberships you wish to purchase	# years circled above	Cost per year of membership	Total
WSPA Annual Membership	x _____	x _____	\$35.00	_____
WSPA/SPA Annual Dual Membership	x _____	x _____	\$80.00	_____
WSPA Lifetime Membership	x _____	x _____	\$700.00	_____
WSPA/SPA Dual Lifetime Membership	x _____	x _____	\$1600.00	_____
Open Water Legal Fund Donation:				_____
			Total	_____

Make checks payable to: WSPA

Mail to: WSPA c/o Jack Jacobson
 10806 178th PI NE
 Redmond, WA 98052

If you have questions about membership, please send us an email at admin@washingtonseaplanepilots.org.