



WACOPS Membership Application

DATE: _____

Chris Tracy, President
200 Union Avenue SE
Olympia, WA 98501-1393

Dear President Tracy:

This application is herewith made for membership to the Washington Council of Police and Sheriffs (WACOPS), by the _____.

Our Guild/Association/Bargaining Unit represents _____ commissioned officers.
The total membership of departmental commissioned officers is _____.

With the monthly dues payable **not later than the 20th of each month**, the request for the effective date of this application is _____.

Member Authorization

The Washington Council of Police and Sheriffs (WACOPS) is hereby authorized to use our Guild's name, logos etc. through website, social media and general advertising.

WACOPS will never sell member information.

(Print) Guild President Name

Guild President Signature

cc: Teresa Taylor, WACOPS Executive Director