

WPPC OF CENTRAL CALIFORNIA MEMBERSHIP REQUEST

PARENT/GUARDIAN INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Home: () _____ - _____
Work: () _____ - _____
E-Mail Address: _____ @ _____

CADET INFORMATION

Cadet Name: _____ Company: _____
US Military Academy Class of 20 _____
P.O. Box _____
West Point, New York 10997-
E-Mail Address: firstname.lastname@usma.edu
Telephone: () _____ - _____
Birthday: _____

GRADUATE INFORMATION

Officer Name (with rank): _____ Class of: _____
Address: _____ Branch: _____
_____ Birthday: _____
Telephone: () _____ - _____
E-Mail Address: _____ @ _____

CLUB ACTIVITIES INFORMATION

Please mark the area where you would like to help

- Printing Banking Newsletter/Website Committee Write Articles
 All Academies Reception New Recruit Sendoff Mailing
 Membership Committee Other _____

Make check for \$30 payable to:

WPPC of Central California
5269 West Buckingham Way
Fresno, CA 93722

Date this form completed: _____ (please print and mail)