

Westport Police Athletic League - Member Application



First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____
 E-mail _____
 Home Phone _____ Cell Phone _____
 Signature _____ Date
 Volunteer Interests:

Membership	Fund Raising
Photography	Publicity
Sport Program	Coaching
Scholarships	Memorial Day Float
Special Olympics	4th of July Celebration
Golf Tournament	Halloween Parade
Holiday Party-Dec.	
Other	

Sponsoring Member Signature _____ Date
 WPAL Secretary Signature _____ Date

Date	<input type="text"/>	Board of Trustee Vote	Results	Approve Denied
Date	<input type="text"/>	WPAL Membership Vote	Results	Approve Denied
WPAL Secretary Signature			Date	<input type="text"/>