



**WHSPA APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: WORK(\_\_\_\_\_) \_\_\_\_\_ HOME(\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX # \_\_\_\_\_

MEMBERSHIP TYPE: (CIRCLE ONE) Coach / Judge / Adult Lifter

COACHING EXPERIENCE: (PLEASE LIST SCHOOL AND YEARS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Membership is good from July 1st-June 30th of the calendar year you joined \*\*\***

MAIL THIS FORM ALONG WITH A **\$20.00** CHECK MADE OUT TO WHSPA TO:

**DENNIS SMITS, TREASURER  
WISCONSIN HIGH SCHOOL POWERLIFTING ASSOCIATION  
209 HIDDEN RIDGES WAY  
COMBINED LOCKS, WISCONSIN 54113**

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**WHSPA OFFICERS:**

**CHAIR / TONYA LAMBETH  
PRESIDENT / JOE LEWIS  
VICE PRESIDENT / RG LUCKOW  
TREASURER / DENNIS SMITS**