



Bigger – Better - Stronger

1610 Washington St. E, Charleston, WV 25311

ASSOCIATE MEMBER APPLICATION

Name: _____ Home E-Mail: _____

Address: _____ Home Phone: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Annual Dues \$50.00 Cash (Check, Money Order) To enroll in Pre-Authorized Debit contact the WVSSPA Office: 304-346-3544

An associate member is not entitled to legal services. However, an associate member shall be entitled to receive any applicable benefits and publications of WVSSPA. An associate member must be of legal age (18) to be eligible to hold membership.

Signed _____ Date: _____