



# Application for WAEPA Membership

Please Mail Application To:

**Worldwide Assurance for Employees of Public Agencies**

433 Park Avenue, Falls Church, VA 22046

(703) 790-8010 | Toll Free (800) 368-3484 | Email info@waepa.org

www.waepa.org

I hereby make application for membership in WAEPA and understand my one-time \$2.00 Membership Fee will be billed at a later date.

## APPLICANT INFORMATION

Applicant Name:     
First MI Last

### Contact Information:

Street

City  State  Zip      +4

Phone: Home  -  -  Work  -  -  Cell  -  -

Email

1. I hereby attest that I meet one of the following qualifications:

**A)** I am a civilian federal employee of the U.S. Government actively at work.

I am employed by:

I have been employed since

**B)** I am a retired civilian federal employee. WAEPA will contact you at a later date for proof of federal employment.

I was employed by:

**C)** I am a spouse of Name  Member#

2. I am a citizen of the United States, and the last 4 of my Social Security Number is     (Required)

3. My date of birth is   -   -      
MM/DD/YYYY

4. My Gender is  Male  Female

5. How did you hear about us: (one choice below)

- TV  Email/Newsletter
- Radio  Facebook/Social Media
- Co-Worker  Conference (please specify)
- Metro/Bus Ad
- Other (please specify)

I attest that the answers to the questions above are true and will be the basis for issuing Membership with WAEPA.

Signature

Date