



WIPAC MEMBERSHIP FORM

MAKE CHECK OUT TO WIPAC;MAIL CHECK TO:

WIPAC
3862 Farrcroft Drive
Fairfax, VA 22030

OR, EMAIL MEMBERSHIP FORM TO:

WIPACUSA@gmail.com

Supporter ____ (1yr) ____ (2yrs); Sustainer ____; Sponsor ____; Contributor; ____

Patron's Member Circle ____; Charter Member Circle ____;

Ambassador's Circle ____; Founders Circle ____; Benefactors ____ (PLEASE CHECK ONE)

NAME: _____

ADDRESS: _____ APT. No. _____

CITY, STATE, ZIPCODE: _____

PHONE (HOME): _____ PHONE (CELL): _____

EMAIL: _____

EMAIL TO USE FOR WIPAC BROADCAST INFORMATION REGARDING EVENTS (if not same as above):

IF YOU USED PAYPAL FOR YOUR MEMBERSHIP DONATION, CHECK HERE: _____

(NOTE: PAYPAL LINK FOR WIPAC IS ON THE WEBSITE AT WWW.WIPAC.ORG ; ALL MAJOR CREDIT CARDS ARE ACCEPTED).