

A.A.P.A MEMBERSHIP APPLICATION



APPLICANT INFORMATION

ALL INFORMATION IS SECURE & REQUIRED FOR PAROLL DEDUCTION

NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

POSTAL/ZIP CODE: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

EMPLOYMENT INFORMATION

DEPARTMENT/EMPLOYER: _____

EMPLOYEE # (If applicable): _____

RANK: _____

STATUS (CIRCLE ONE)

WORKING RETIRED SUSPENDED OTHER

TYPE OF MEMBERSHIP

CHECK ONE:

NEW MEMBER

RENEWING MEMBER

PRIMARY MEMBER All active or retired Law Enforcement officers & Peace officers in good standing.

*Membership will only become active after membership fee is applied.

All applicants will be reviewed. Accepted applicants will then be contacted by a member of A.A.P.A recruitment committee.

Membership fee's collected shall be forwarded to the Treasurer of the A.A.P.A.

*Submit Application to A.A.P.A Executive Board Member(s) or mail to Po Box 859 Buffalo, NY

Payment authorization shall remain in effect unless terminated by yourself or A.A.P.A Board.

Member's Signature _____

Date: _____