



**Kansas Peace Officers Association
MEMBERSHIP APPLICATION**

Must be completed before it will be accepted

(PLEASE PRINT OR TYPE)

Date _____

Last Name _____ First _____ Middle _____

PLEASE CHECK, THIS IS IMPORTANT

APPLICATION FOR NEWMEMBER RENEWAL
In the Kansas Peace Officers Association

Police Agency

Title _____ Police Agency/Department _____

Home Address

Date of Birth

City

County

Zip Code

Email Address _____

Beneficiary _____

Address _____
Street #/Name City State Zip Code

Signature

I enclose herewith my annual dues of \$20.00 for current membership in the KANSAS PEACE OFFICERS ASSOCIATION.

Make all remittances payable to Kansas Peace Officers Association

Mail to:
KPOA, Secretary-Treasurer
P.O. Box 2592, Wichita, KS 67201

Recommended by _____