



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 > NEW MEMBER > RENEWAL
In the Kansas Peace Officers' Association

Police Agency

Title_____ Police Agency/Department_____

_____ Home Address _____ Date of Birth _____

_____ City _____ County _____ Zip Code _____

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_____