



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 \$15.00 for current membership in the KANSAS PEACE OFFICERS' ASSOCIATION, 50¢ of which is for annual subscription to KANSAS LAW ENFORCEMENT JOURNAL.

Make all remittances payable to Kansas Peace Officers' Association

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

Recommended by _____