

NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS, INC.

Representing America's Finest

317 South Patrick Street. ~ Alexandria, Virginia ~ 22314-3501 (703) 549-0775 ~ (800) 322-NAPO ~ Fax: (703) 684-0515 www.napo.org ~ Email: info@napo.org

APPLICATION FOR INDIVIDUAL MEMBERSHIP

I, the undersigned law enforcement officer, do hereby apply to the National Association of Police Organizations, Inc. (NAPO) for associate membership, in accordance with Article II of NAPO's constitution and bylaws. By submitting the application, I affirm that I support the goals and purposes of NAPO as outlined in NAPO's constitution and bylaws

	Active or Retired
Signature	(Please circle one)
Printed Name	Rank and Department
Home Address	Department Address
City, State, Zip Code	Dept.City, State, Zip Code
Phone Number where you can be re	eached:
Email address:	
Send mail to my: □Home □Office □ I have enclosed payment of \$50.	Add me to the email list serve: \Box yes \Box now \Box for lifetime individual dues.
☐ I have paid \$50.00 online by cred	dit card for lifetime individual dues.
Mail, fax or email the completed for	m to: NAPO 317 South Patrick Street Alexandria, Virginia, 22314

*Please submit a copy of your law enforcement ID along with this application.