



National Latino Peace Officers Association

Greater Dallas Chapter

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MEMBERSHIP APPLICATION

First Name		Last Name		Date of Birth
Mailing Address		City, State & Zip	Apartment No	Home Phone
Agency Name		Job Title / Rank	Assignment / Shift	Badge / ID
Work Address		City, State & Zip	Work Phone	Cell Phone
Email Address		Division	Sector	Watch

FEES

- Regular Membership (Dallas Police Officers)
\$29.77 deducted per month. \$357.24 Yearly
- Regular Membership with Attorney Fees (Non- Dallas Police Officers) \$22.00 monthly
___ \$264.00 Yearly ___ \$132.00 Bi-Yearly ___ \$66.00 Quarterly
- Regular Membership (Non-Dallas Police Officers) \$10.00 monthly
___ \$120.00 Yearly ___ \$60.00 Bi-Yearly ___ \$30.00 Quarterly
- Associate Membership
\$40.00 Yearly

Amount paid: \$ _____ Method of payment: _____ Check #: _____

Effective Date of Membership: _____ thru _____

New Member / Recruited By: _____ Renewal: _____

Name of Board Member & Position Accepting Application	Date
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I understand that my membership becomes effective upon approval and the receipt of dues by the Dallas Chapter local Treasurer.

Application Signature: _____

Date: _____