

First Name

Mailing Address

National Latino Peace Officers Association

Date of Birth

Apt.#

Employee #

Home Ph.

Dallas County Chapter P. O. Box 224472

Dallas, Texas 75222-4472 MEMBERSHIP APPLICATION

City, State & Zip

Last Name

Agency Name	cy Name Job Title/Rank Assignment/ Shift		t	Badge/ ID				
Work Address City		City, State & Zip		Work Ph.	Cell Ph.			
Email Address			Division	Sector	Watch			
<u>FEES</u>								
Regular Membership wi	th TMPA (Sworn/Non-Sw	orn) \$ 17 .5	4 Bi-Weekly	\$ 456.04 Yea	rly			
Regular Membership with TMPA (Clerks)			88 Bi-Weekly \$ 360.88 Yearly					
Regular Membership without TMPA (All)			92 Bi-Weekly \$179.92 Yearly					
Associate Membership (Civilian)			\$ 40.00 Yearly					
AFLAC Fees			\$					
Total Amount Payroll Deduction			\$					
I authorized payroll deduction for membership to the NLPOA Dallas County Chapter.								
pplicant Signature					Date			