



National Latino Peace Officers Association (NLPOA)

Membership Application

Regular Member _____

Associate Member _____

Corporate Member _____

Honorary Member _____

Student Member _____

I am available to volunteer to assist in _____

PERSONAL

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

EMPLOYMENT

Agency/Employer _____ Retired _____

Work Phone _____ Home/Cell Phone _____

By my signature to this application, I agree to support and promote the objectives of the NLPOA. I also understand that my membership may be suspended if I am found to have violated the rules and bylaws of the NLPOA. Such actions include defaming a member, the membership, the organization and its goals.

Signature _____ Date _____

Note this information is confidential and will be used only by and for the NLPOA

ANNUAL DUES - \$50.00



The figure is of ancient Mexican Origin. It represents the Indian heritage of all Latinos, UNITING MEMBERS in BROTHERHOOD.

Arizona Chapter - P. O. Box 1551, Phoenix, AZ 85001

www.aznlpoa.com