



# Membership Application for the Long Beach Mounted Police, Inc. LONG BEACH, CALIFORNIA

Date: \_\_\_\_\_, 20 \_\_\_\_\_

TO THE MEMBERSHIP COMMITTEE LONG BEACH MOUNTED POLICE:

I hereby wish to make application to become a member of the Long Beach Mounted Police, and I agree that I will abide by all the rules, regulations and by-laws of this organization and that I will faithfully and cheerfully carry out all orders or commands given me by superior officers of the organization.

I am applying for Associate membership in the L.B.M.P. as:

A Riding Associate Member\*: \_\_\_\_\_

An Associate Member: \_\_\_\_\_

*\*Riding members need to complete the horse and saddle form.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Business: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Why do you want to join the LBMP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Would you be interested in assisting any of the following events: parades \_\_\_\_\_ socials \_\_\_\_\_*

### FOR OFFICIAL USE ONLY

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Directors Approval: \_\_\_\_\_

First Reading: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

CHIEF OF POLICE, LONG BEACH

Second Reading: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as: \_\_\_\_\_ Date: \_\_\_\_\_

### CLASS OF MEMBERSHIP

Badge Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

AFTER COMPLETING AND PRINTING THIS FORM, MAIL IT TO:

P.O. BOX 7951, LONG BEACH, CA 90807

PLEASE NOTE: Applicants membership is completed with approval by the Long Beach Police Department.