

Honorary Membership Application

I hereby apply for Honorary Membership in the Los Alamitos Police Officers Association. I understand that this is a preliminary application and does not guarantee acceptance as an Honorary Member.

I further understand that my application will be reviewed by the Police Association Board of Directors, at which time either an acceptance or rejection notice will be forwarded to me within 60 days. I agree to appear before the Board of Directors for an interview, if requested.

I understand that if accepted, my continued membership will remain effect as long as yearly dues remain paid by June 1st of each calendar year. I also understand that my membership is subject to review by the LAPOA Board of Directors and the Honorary Executive Committee and may be revoked at anytime for cause.

Please print or type the following information:

NAME _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ PHONE NUMBER _____

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

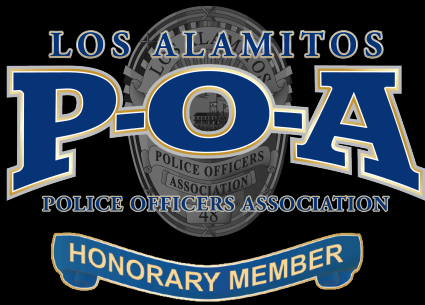
MARITAL STATUS _____ SPOUSE'S NAME _____

EMPLOYED BY _____ TITLE _____

BUSINESS ADDRESS _____

CITY _____ ZIP CODE _____ PHONE NUMBER _____

LIST PROFESSIONAL ASSOCIATIONS, CLUBS, ETC: _____



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Please explain, in the space provided below, why you desire to be an Honorary Member of the Los Alamitos Police Officer's Association.

* Please mail completed form to: **Los Alamitos Police Officer's Association PO Box 678 Los Alamitos,**

FOR OFFICE USE ONLY

DATE RECEIVED BY BOARD OF DIRECTORS _____

DATE REVIEWED BY BOARD OF DIRECTORS _____

ACCEPTED _____ REJECTED _____

NOTIFICATION SENT BY _____ DATE _____

DUES RECEIVED BY _____ ID# _____ DATE _____