



Back Mountain Police Association

P.O. Box 1731, Shavertown, PA 18708

www.backmtpolice.org



MEMBERSHIP APPLICATION

I hereby make application for Active Membership in the BACK MOUNTAIN POLICE ASSOCIATION

NAME: _____ BIRTH DATE: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET CITY COUNTY STATE ZIP CODE

TELEPHONE: _____
HOME OFFICE OTHER (Pager, Cell, ?)

PRESENT RANK: _____ E-MAIL: _____

NAME OF MUNICIPALITY: _____

ADDRESS: _____
NUMBER STREET CITY COUNTY STATE ZIP CODE

HAVE YOU EVER BEEN CONVICTED BY A COURT OF RECORD OF THE COMMISSION OF A MISDEMEANOR OR FELONY YES NO

IF SO, EXPLAIN: _____

NAME OF NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____
NUMBER STREET CITY COUNTY STATE ZIP CODE

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF REFERING MEMBER: _____

PRINT NAME OF REFERING MEMBER: _____

FOR OFFICE USE ONLY

1. APPROVED BY EXECUTIVE COMMITTEE: YES NO DATE: _____

IF NO, EXPLAIN: _____

2. MEMBERSHIP CARD ISSUED: YES NO

3. AUTOMOBILE EMBLEM ISSUED: YES NO

4. CONSTITUTION & BY-LAWS ISSUED: YES NO

5. INFORMATION ENTERED INTO MEMBERSHIP DIRECTORY: YES NO