

**INTERNATIONAL POLICE ASSOCIATION**  
**MEMBERSHIP APPLICATION**

Name in Full \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Birth Date \_\_\_\_\_  Male  Female Spouse's Name (If any) \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Retirement Date (If app) \_\_\_\_\_ Reason (If less than 20 yrs) \_\_\_\_\_

Have you previously been an IPA member?  Yes  No Previous IPA Number (If app) \_\_\_\_\_

Email Address \_\_\_\_\_ Web Page (Dept or personal) \_\_\_\_\_

**MEMBERSHIP STATEMENT**

I declare my desire for membership in the United States Section of the International Police Association (IPA). I agree with the aims and objectives of the Association as outlined in the Statutes and Standing Orders, and that I shall conform to the Rules of the United States Section of the IPA. If accepted, I will endeavor to further the work of the Association by fulfilling the obligations of membership, and will submit my membership fee and regularly subscribe my renewal fee by January 1st of each year to remain a member in good standing. I hereby authorize the Secretary General of the United States Section of the IPA to confirm and verify my status as a bonafide Police Agent or Officer of the Agency listed above. I release any individual, organization, or agency from any and all liability incurred as a result of providing such information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT**

Membership fees, upon application, is \$25.00. Renewal dues shall be \$25.00 per year. The enrollment date is the date the member is enrolled and issued a number by the National Secretary General, United States Section. When the number is obtained by the Region, the member shall receive an International Membership Passport, Lapel Pin and National Newsletter. Payments may be deductible as miscellaneous itemized deductions for Federal Tax purposes. Make all checks payable to International Police Association. Membership shall be open to all serving and/or retired members of a duly organized Police Force, Department, or Agency, who are or were employed full time in the enforcement of general criminal laws of their State or the United States Government (except members of the Military Police).

You may use MC/Visa/Amex Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

**VERIFICATION**

Send a copy of both sides of your Law Enforcement ID card OR have the application certified by a member (see below).

THIS AREA FOR MEMBER RECOMMENDING NEW APPLICANT

I do hereby certify that the above applicant meets all requirements for membership in the International Police Association

Recommended by: Signature \_\_\_\_\_ IPA No. \_\_\_\_\_ Region No. \_\_\_\_\_

**Mail completed application to:**

**Diane MacGregor • 511 N. Reese Street • South Lyon, MI 48178**

**OFFICE USE ONLY**

ENROLLMENT DATE \_\_\_\_\_ IPA/USA NO. \_\_\_\_\_

REINSTATEMENT DATE \_\_\_\_\_ Action taken or remarks \_\_\_\_\_