



NATIONAL LATINO PEACE OFFICERS ASSOCIATION

San Diego Metro Chapter

MEMBERSHIP APPLICATION

Name: _____ Rank: _____ Years of Service: _____

Name of Spouse/Significant Other: _____ M.S. #: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Home Phone: _____

Business Address: _____ City: _____ Zip: _____

E-mail Address: _____ @ _____ Cell or Pager #: _____

Membership Type:

Regular (Sworn): _____ Associate (Civilian): _____ Student _____ Corporate: _____

Signature: _____ Date: _____ Sponsor/Referral: _____

I would like my NLPOA Mail sent to () Department Mail Station () Home address () Business Address
NLPOA E-mail announcements will be sent to the e-mail address provided above.

Dues are **\$50.00** per year payable in advance, or **\$2.00** per pay period by payroll deduction.
(Payroll deduction is only available for **San Diego Police POA members only** and is encouraged).

Make checks payable to National Latino Peace Officers Association (**NLPOA-SD Metro**). All Applications are subject to board approval. General Meeting attendance is required for Membership consideration.

All information provided will be kept confidential. Bring the completed application to the next General Membership Meeting, or

Mail completed applications to:

**National Latino Peace Officers Association, San Diego Metro Chapter
P.O. Box 128025, San Diego, Ca 92112.**

Membership is open to all persons regardless of Race, Religion, ethnicity, National Origin, Disability or Gender.
For further information and meeting dates, please visit our website at www.nlpoasandiegometro.com

SDPOA MEMBERS COMPLETE THE FOLLOWING SECTION FOR PAYROLL DEDUCTION

I hereby authorize the San Diego Police Officer's Association to deduct \$2.00 per pay period for my NLPOA-San Diego Metro Dues. I can cancel this authorization at any time.

Signature: _____ ID#: _____ Social Security #: _____