NATIONAL LATINO PEACE OFFICERS ASSOCATION



San Diego Metro Chapter P.O. Box 128025, San Diego, CA 92112

www.nlpoasandiegometro.com

MEMBERSHIP APPLICATION

Name:		Rank:	Years of Service:	
Home Address:		City:	Zip:	
Employer:	Work F	hone:	Home Phone:	
Business Address: _		City:	Zip:	
Email Address:			Cell #:	
Membership Type:				
Regular (Sworn):	Associate (Civilian):	Student	t:	
Name of Sponsor or I	Referral:			
Signature:	Da	te:		
			led above unless you prefer one o ne address () Business address	f the
	able for San Diego Police		period by payroll deduction. (Payr and is encouraged). Student	roll
			ace Officers Association, San Diegns are subject to board approval.	до
All information provided	d will be kept confidential.			
Mail completed applica	itions to:			
			etro Chapter (NLPOA-SD Metro onically online and pay by PayF	
For further information ar	nd meeting dates, please vis	it our website at w	city, National Origin, Disability or Gen vww.nlpoasandiegometro.com	
SDPOA MEMBERS (COMPLETE THE FOLLO	OWING SECTION	ON FOR PAYROLL DEDUCTION	N
	e San Diego Police Offic o Metro Dues. I can can		n to deduct \$2.50 per pay period zation at any time.	d for
Signature:		ID#:	City ID#:	