

Application for Membership

Texas Police Association

Active (Law Enforcement) - \$30.00 _____ Agency Affiliate - \$25.00 Per Officer______

Name______ Date of Birth_____

Agency/Company_____ Title____

Mailing Address______

City_____ State____ Zip____

Contact Phone Number ______

E-mail Address______

Name of Beneficiary______ (Active Membership Includes \$7,500.00 IN THE LINE OF DUTY & Accidental Death Benefit)
I certify that the beneficiary named above is correct according to my wishes.

Signature Date

Mail Application and Dues to: Texas Police Association, P. O. Box 4247, Austin, Texas 78765-4247