



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