#  Texas Police Association

# REGISTRATION FORM

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|  |
| **COURSE NAME:** Click here to enter text.**COURSE LOCATION:** Click here to enter text. | **COURSE DATE:**Click here to enter text. |
| Student INFORMATION |
| Student’s name: |  |  | PID #Click here to enter text. |  | Date of Birth  |
| **Last:Click here to enter text. First:** Click here to enter text.**Middle** Click here to enter text. | Click here to enter text. |
| Street address: | E-mail : | Home phone no.: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| P.O. box: | City: | State: | ZIP Code: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Occupation/Rank: | Employer: | Employer phone no.: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| Student INFORMATION |
| Student’s name: |  |  | PID #Click here to enter text. |  | Date of Birth  |
| **Last:Click here to enter text. First:** Click here to enter text.**Middle** Click here to enter text. | Click here to enter text. |
| Street address: | E-mail : | Home phone no.: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| P.O. box: | City: | State: | ZIP Code: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Occupation/Rank: | Employer: | Employer phone no.: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| pAYMENT INFORMATION |
| **Master Card, Visa, American Express, Discover Accepted** |
| Name as it appears on the card | Card Number | Exp. Date mm/yy | Security Code (Last 3 digits |
| Click here to enter text. |  Click here to enter text.  | Click here to enter text. | Click here to enter text. |
| Check # | P.O. # |  | AMOUNT PAID |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| The above information is true to the best of my knowledge. I authorize my credit card payment. I understand that I am financially responsible for any balance. I also understand there are no refunds. I may receive credit or send replacements. |
|  |  |  | Click here to enter text. |  |
|  | Signature |  | Date |  |

**Registration Options**

**Email:** Mona@texaspoliceassociation.com

**Fax:** 512-458-1799

**Mail**: Texas Police Association, P.O. Box 4247, Austin, Texas 78765-4247

For further information call: 512-458-3140