



# Italian American Police Society of New Jersey

## Application for Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married? Yes No

Spouse's name \_\_\_\_\_

Employed by \_\_\_\_\_

Rank / Title \_\_\_\_\_

Number of years with department \_\_\_\_\_.

Is your Italian Heritage at least 50%? \_\_\_\_\_ If not, please explain heritage below

Referred by: \_\_\_\_\_

Annual Dues \$25.00

Make Checks payable to:

The Italian American Police Society of New Jersey Inc.

PO Box 352

Lyndhurst, NJ 07071

Office Use Only Below

Date of Membership \_\_\_ / \_\_\_ / \_\_\_ Membership Number \_\_\_\_\_

Dues Paid \_\_\_\_\_ Check Number \_\_\_\_\_

Credentials Sent Out \_\_\_\_\_

Entered on computer \_\_\_\_\_

Approved \_\_\_\_\_

**The Italian American Police Society of New Jersey**