



LODGE # 2
 P.O. BOX 51523
 NEW BEDFORD, MA 02745-0045
www.papamass.com

**** APPLICATION FOR ASSOCIATE MEMBERSHIP ****

Last Name:	First Name:	M.I.:	Phone: ()
Address:	City:	State:	Zip:
E-Mail Address:	Gender: Male / Female	Date of Birth:	Place of Birth (City, State) :

Are you a law enforcement official? Yes / No	Agency Name:
Do You Speak Portuguese?:	Are You Married ?:
Spouse's Name:	

Have you ever been arrested? Yes / No If yes, explain what for and if convicted:
** T-Shirt Size: (Circle One) Sm. / Med. / Lg. / X-Lg. / 2X-Lg. / Other: _____

I hereby certify that the answers above are true to the best of my knowledge and declare my desire for membership in the PORTUGUESE-AMERICAN POLICE ASSOCIATION. I also understand that if I am convicted of a crime, it will be just cause for termination of my membership.

SIGNED: _____ **DATE:** _____

MAKE ALL CHECKS PAYABLE TO:
 PORTUGUESE-AMERICAN POLICE ASSOCIATION, INC.
 P. O. BOX 51523
 NEW BEDFORD, MA 02745-0045

(For Official Use Only)			
DATE ACCEPTED: _____	MEMBER #: _____	RECOMMENDED BY: _____	
REMARKS: _____	Computer Entry: _____	T-Shirt: _____	Decal: _____ I.D. Card: _____

****MEMBERSHIP FEE, UPON APPLICATION IS \$50.00 RENEWAL FEE SHALL BE \$25.00 PER YEAR.****

(Rev 01/14)