



**ITALIAN AMERICAN POLICE OFFICERS
ASSOCIATION of SOUTHERN CALIFORNIA
POST OFFICE BOX 800694
SANTA CLARITA, CALIFORNIA 91380-0694**

email: IAPOAOSC@GMAIL.COM
web site: WWW.IAPOAOSC.ORG

MEMBERSHIP APPLICATION / REGISTRATION FORM

This application is for (check one):

- New Membership Associate Membership Renewal for Year? _____

PLEASE PRINT LEGIBLY ALL INFORMATION

NAME: First: _____ Mi: _____ Last: _____

SPOUSE's NAME: _____

YOUR NICKNAME (by tradition everyone chooses a nickname) _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

LAW ENFORCEMENT AGENCY AFFILIATION: _____

Check box next to best number to call:

HOME PHONE NO: (_____) _____ - _____

WORK PHONE NO: (_____) _____ - _____

CELL PHONE NO: (_____) _____ - _____

E-Mail: _____

ITALIAN HERITAGE

Closest family member born in Italy (Name & Relationship) _____

Which City or Region in Italy was your family from? _____

What is/are your favorite: Italian dish(es)? _____ Wine(s)? _____

Your signature: _____ Date: _____

*Please return this form with your dues. Make your check payable to **IAPOAOSC**. Mail your check to the above Post Office Box. If you have any questions email them to: iapoaosc@gmail.com.*

***** DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY *****

CHECK DATE: _____ CHECK NO: _____ AMT: _____ -ANNUAL RENEWAL (\$20) -LIFETIME MEMBERSHIP (\$100)

ENTERED INTO DATABASE-- MEMBERSHIP CARD SENT-- DATE __/__/__