



Minnesota Asian Peace Officers Association

P.O. Box 600188
St. Paul MN, 55106-4800

Membership Application

CHECK ONE THAT APPLY: ___ New Application ___ Renewal ___ Change of Info.

Active (Sworn / Retired Officer) Associate (non-sworn within the Police Dept. or Law Enforcement Student)

First Name: _____ M.I. _____ Last Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ ZIP: _____ - _____

College Attended: _____ - College -

Home Phone: _____ Cell phone: _____

SECOND LANGUAGE: _____ SPEAK READ WRITE UNDERSTAND

PRINT EMAIL: _____ Work Personal

[Active, Retired Officers and Non-Sworn Applicants within a Law Enforcement Agency — fill below section]

Department: _____ Badge #: _____ Unit: _____ SEX: M F

Address: _____ Work phone: _____

City: _____ ST: _____ Zip-Code: _____ - _____

Date Hire: _____ Date Retired: _____ Rank/Position: _____ Post License.: _____

DO NOT LEAVE BLANK

SPECIAL SKILLS: (Licenses, Degrees, or Certifications)

I, _____, the under sign will uphold the MNAPOA by-laws. I understand that any misrepresentation or omission of facts may result in rejection of this application.

- *NEW APPLICATION or RENEWAL FEES: Active Sworn/Retired Law Enforcement: \$ 25.00 ___ with application*
- *NEW APPLICATION or RENEWAL FEES: Associate/Student/Other: \$10.00 ___ with application*
- *PLEASE MAKE CHECKS PAYABLE TO: "MN Asian Peace Officer Association"*
- *DO NOT SEND CASH WITH YOUR APPLICATION — unless hand-in person to the **TREASURER***
- *COMPLETED **APPLICATION** CAN BE MAILED TO THE ABOVE P.O.BOX*
- **SWORN APPLICANTS, PLEASE ENCLOSE A COPY OF YOUR POST LICENSE**

PARTICIPANT'S SIGNATURE _____ DATE: ____/____/____

(STOP! PLEASE DO NOT WRITE BELOW THIS LINE)

FOR MN-APOA BOARD MEMBERS ONLY

CASH _____ CHECK# _____ DATE RECEIVED _____ BY _____

RENEWAL APPLICATION APPROVE: _____ DENY: _____

MEMBERSHIP CARDS ISSUED VIA MAIL: _____ OR IN PERSON: _____ (INITIAL/DATE)

MEMBERSHIP NUMBER: _____ RENEWAL DATE: _____