



# INTERNATIONAL POLICE ASSOCIATION MEMBERSHIP APPLICATION

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Name in Full \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address: City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Birth Date \_\_\_\_\_  Male  Female Spouse's Name (If any) \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Position \_\_\_\_\_ Retirement Date (If app) \_\_\_\_\_

Have you previously been an IPA member?  Yes  No Previous IPA Number (If app) \_\_\_\_\_

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

### MEMBERSHIP REQUIREMENTS

Membership shall be open to all law enforcement officers employed with, or retired from, a law enforcement agency. Law enforcement officer is defined as an employee of a governmental agency with a formal commission authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law. Members of the military police do qualify for membership in the United States section.

### MEMBERSHIP STATEMENT

I declare my desire for membership in the United States Section of the International Police Association (IPA). I agree with the aims and objectives of the Association as outlined in the Statutes and Standing Orders, and that I shall conform to the Rules of the United States Section of the IPA. If accepted, I will endeavor to further the work of the Association by fulfilling the obligations of membership, and will submit my membership fee and regularly subscribe my renewal fee by January 1st of each year to remain a member in good standing. I hereby authorize the Secretary General of the United States Section of the IPA to confirm and verify my status as a bona fide Police Agent or Officer of the Agency listed above. I release any individual, organization, or agency from any and all liability incurred as a result of providing such information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### VERIFICATION

Send a copy of both sides of your Law Enforcement ID card OR have the application certified by a member (see below)

THIS AREA FOR MEMBER RECOMMENDING NEW APPLICANT

I do hereby certify that the above applicant meets all requirements for membership in the International Police Association

Recommended by: Signature & Print name \_\_\_\_\_ IPA No. \_\_\_\_\_ Region No. \_\_\_\_

### PAYMENT

Fill out the form and mail it with your \$30 check made payable to International Police Association or complete CC info below.

Membership fee, due with application, is \$30.00. Dues are for calendar year. Joining in Jan-Sep provides membership for the remainder of the year. All non-life memberships expire Dec 31. Joining during Oct-Dec provides 90 days grace with membership for the remainder of the calendar year and the next calendar year. Digital ID cards are provided online for all members. Renewals by due date of 12/31 will also receive an ID in the mail in Jan.

\_\_\_\_ Visa CC Number \_\_\_\_\_

\_\_\_\_ MC \_\_\_\_\_

\_\_\_\_ Dis Expiration \_\_\_\_\_ CVS \_\_\_\_\_ (3 digit security # required)

\_\_\_\_ AMX \_\_\_\_\_

Mail completed application to:  
IPA- USA, Membership Secretary  
P.O. Box 390, Knickerbocker Station  
New York, NY 10002-0390

