



# German-American Police Association of Philadelphia

## Membership Application

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(H) \_\_\_\_\_ Phone(C) \_\_\_\_\_

Email (*personal NOT agency email address*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Membership

- Active Member – Law Enforcement      \$20.00/yr      Requires 1 Active Member Sponsor
- Associate Member - Civilian      \$20.00/yr      Requires 2 Active Member Sponsors
- Life Member      \$150.00      *Sponsorship required as per above*

Please remit check payable to G.A.P.A. with application and send to:

G.A.P.A. P.O. Box 63210 Philadelphia, PA 19114-3210

### Sponsors

Name \_\_\_\_\_ Membership Number \_\_\_\_\_

Name \_\_\_\_\_ Membership Number \_\_\_\_\_

### Active Philadelphia Police Department Members Only – Payroll Deduction Authorization

I authorize the City of Philadelphia to withhold from my pay, through payroll deduction, my annual dues for membership in the German American Police Association (City Code: 1053) which will then be forwarded by the City annually to G.A.P.A. Additionally, I authorize G.A.P.A. to forward this request to the City of Philadelphia on my behalf.

Name \_\_\_\_\_

Address \_\_\_\_\_

Rank \_\_\_\_\_ Badge Number \_\_\_\_\_

District/Unit \_\_\_\_\_ Payroll Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_