



ANNUAL MEMBERSHIP APPLICATION
 Monterey County Peace Officers Association
 PO Box 1823, Monterey CA 93942

OFFICE USE ONLY

RECEIVED: _____
 ENTERED: _____
 CARD MAILED: _____

Name: _____

Address, City, Zip: _____

Phone (Office, Home or Cell): _____

Add me to Email Mailing List – Email Address: _____

Do not add me to Email Mailing List (for announcements, etc)

Monterey County Agency Affiliation: _____

Position/Job Title: _____

INDIVIDUAL MEMBERSHIP
 \$25.00/person

POLICE OFFICER ASSOCIATION/GROUP MEMBERSHIPS
 \$20.00/person

Membership Renewal

New Membership

STATUS:

Active

Retired [Include copy of Agency Retired ID Card, if newly Retired]

TYPE OF MEMBERSHIP:

Regular Member (Sworn)

Associate (Non-Sworn)

Donation: \$10.00 \$20.00 Other \$ _____

AirMedCare Network (Emergency Air Ambulance Service) - [Enrollment Period is July 1st to September 1st only.]

New Renewal AirMedCare \$55.00 OR Fly-U-Home: \$139.00

TOTAL PAYMENT ENCLOSED \$ _____

*Donations most welcome to help defray the costs associated with the newsletter and administration expenses.
 MCPOA is a registered 501c(3). FEIN: 23-7295470*

PAYMENT BY CHECK/MONEY ORDER/CREDIT CARD

CREDIT CARD (VISA / MASTERCARD / AMERICAN EXPRESS) #: _____

Expiration Date: _____ Security Code: _____

Billing/Mailing Address & Zip Code (if different from above): _____

 Signature of Authorized Credit Card Holder

 Date

LAWAN NEWSLETTER PREFERENCE: US MAIL EMAIL

NOTE: Information provided within your application is not shared or distributed – all remains Confidential and is only for use by MCPOA.