



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

<i>OFFICE USE ONLY</i>	
RECEIVED:	_____
ENTERED:	_____
CARD MAILED:	_____

**CALIFORNIA DEPARTMENT OF CORRECTIONS (CTF-SOLEDAD & SALINAS VALLEY STATE PRISON) MEMBERSHIP**  
**\$20.00/person**

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 (MCPOA Lawman Newsletter, announcements, etc)

Monterey County Agency Affiliation: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Membership Renewal

New Membership

**STATUS:**

Active  **Currently Employed**

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 \$ \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_**

*Donations most welcome to help defray the costs associated with administrative expenses.  
 MCPOA is a registered 501c(4).*

**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*

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