



# INTERNATIONAL POLICE ASSOCIATION MEMBERSHIP APPLICATION

Join online at [www.ipa-usa.org](http://www.ipa-usa.org)



Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ ☐ Male ☐ Female Spouse's Name (If any) \_\_\_\_\_  
Law Enforcement Agency: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Retirement Date (If applicable): \_\_\_\_\_  
Have you previously been an IPA member? ☐ Yes ☐ No If yes, previous IPA Number: \_\_\_\_\_

## **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. Active duty U.S. military personnel whose primary job responsibilities meet those requirements are eligible for membership, as are military retirees whose military service primarily involved performing those duties.

## **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 bylaws, and will comply with applicable rules of the United States Section. If accepted, I will endeavor to further the work of the Association by fulfilling the obligations of membership, and know that I must renew my membership by January 1<sup>st</sup> of each year to remain a member in good standing. I hereby authorize the United States Section of the IPA to confirm and verify my status as an 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.**

## **Payment**

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

Membership fee is due with application. Dues are for the calendar year. Discount Dues: \$20 April 1-June 30th ,  
\$10 July 1- Sept 30th, Oct 1-Dec. 31th  
applied to following year

☐ Visa ☐ MC ☐ Discover ☐ Amex

Credit Card Info: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_\_ - \_\_\_\_\_ CVS #: \_\_\_\_\_

**Mail completed Application to:**

Membership: IPA-USA

PO Box 3  
New London, WI  
54961-003



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