



HAPCOA

HISPANIC AMERICAN POLICE COMMAND OFFICERS ASSOCIATION

P.O. Box 831544, San Antonio Texas 78283-1544

MEMBERSHIP APPLICATION

Name: _____

Position/Title: _____

Organization: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Email: _____

Work Telephone #: _____ Work Fax #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Home Email: _____

Note: The information provided above shall be treated as confidential.

Please check to which address you prefer **MAIL** be sent:

Work Home

Please check to which address you prefer **EMAIL** be sent:

Work Home

Please check type of membership:

Regular Member \$100

Command level Officers of criminal justice system agencies (municipal, county, state, federal, and other political subdivisions) who hold the rank of Sergeant or higher or its equivalent who are committed to the objectives of the Association

Associate Member \$100

Individuals serving in all levels of law enforcement and judicial agencies not meeting the above requirements who are interested in furthering the goals of the Association. Individuals may hold office as defined by the HAPCOA National Constitution and Bylaws.

Supporting Member \$100

Individuals not meeting the above requirements who are interested in furthering the goals of the organization. Full privileges in furthering the goals of the organization. Full privileges of membership, but cannot vote or hold office.

Recruited by: _____ Chapter: _____

**Make check payable to HAPCOA and mail along with this form to
P.O. Box 831544
San Antonio, Texas 78283-1544**