

**CBPOA MEMBERSHIP APPLICATION**

**REGULAR MEMBERSHIP ASSOCIATE MEMBERSHIP**

**$3.00 Initiation Fee $5.00 Annual Dues**

**$5.00 Annual Dues**

**$8.00 Total Dues**

**NAME:**

**Home Address:**

**City: State: Zip Code:**

**Work Phone Number: Cell Number:**

**Home Phone Number:**

**Email Address:**

**Employer:**

**Employer Address:**

**Recommended By:**

**Personal Reference:**

***“I hereby make application for membership in the Coastal Bend Peace Officers Association. I am enclosing the proper fee as shown above. All entries made are correct to the best of my knowledge.”***

**Signature of Applicant: Date:**