

**SCANDINAVIAN AMERICAN POLICE AND FIRE ASSOCIATION  
APPLICATION FOR MEMBERSHIP**

I hereby apply for individual membership in the Scandinavian American Police and Fire Association ("Association") in accordance with the Articles of Incorporation, Bylaws, and policies of the Scandinavian American Police and Fire Association, an Illinois not-for-profit corporation. I agree on my behalf to comply with, and be bound by, the Articles of Incorporation, Bylaws, and any amendments to either, and the policies, rules, and regulations adopted at any time by the Association in accordance with its Bylaws. I agree to pay membership dues in the amount fixed by the Board of Directors of the Association for each succeeding membership year, in advance, as long as this membership remains in effect.

I agree to release and hold harmless the Association, its officers, directors, employees, and agents, and each of them, from any claims, demands, or actions I may have against them because of this application or subsequent acts or omissions by them suspending or terminating my membership.

Membership fee: \$20.00 annually

Make checks out to: Scandinavian American Police and Fire Association

Mail to: SAPFA

P O Box 558144

Chicago, Illinois 60655

Signed \_\_\_\_\_

Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accepted:

Scandinavian American Police and Fire Association

By: \_\_\_\_\_

Dated: \_\_\_\_\_