



LODGE # 2
P.O. BOX 51523
NEW BEDFORD, MA 02745-0045
www.papamass.org

**** APPLICATION FOR ACTIVE MEMBERSHIP ****

Last Name:	First Name:	M.I.:	Phone: ()	
Address:	City:		State:	Zip:
E-Mail Address:	Gender: Male / Female	Date of Birth:	Place of Birth (City, State) :	

Law Enforcement Agency:	Agency Address:	State:	Zip:
	City:		
Agency Phone: ()	Rank:	I.D. #	
Date of Appointment:	Are you Retired?:	Date of Retirement:	

Do You Speak Portuguese?:	Are You Married ?:	Spouse's Name:
** T-Shirt Size: (Circle One) Sm. / Med. / Lg. / X-Lg. / 2X-Lg. / Other: _____		

To qualify for membership, you must have at least one grandparent of Portuguese descent. Please provide the last names of your parents and grandparents (Maiden names of mothers).

I hereby certify that I am of Portuguese descent and that the answers above are true to the best of my knowledge and declare my desire for membership in the PORTUGUESE-AMERICAN POLICE ASSOCIATION. I agree with the goals and objectives of the association as outlined in the constitution and by-laws and that I shall conform to the rules of the ASSOCIATION. If accepted, I will endeavor to further the work of the PORTUGUESE-AMERICAN POLICE ASSOCIATION by fulfilling the obligations of membership and **regularly submit my renewal fee by the 31st of January of each year to remain a member in good standing.**

SIGNED: _____ DATE: _____

MAKE ALL CHECKS PAYABLE TO:
PORTUGUESE-AMERICAN POLICE ASSOCIATION, INC.
P.O. BOX 51523
NEW BEDFORD, MA 02745-0045

(For Official Use Only)		
DATE ACCEPTED: _____	MEMBER #: _____	RECOMMENDED BY: _____
REMARKS: _____	Computer Entry: _____	T-Shirt: _____ Decal: _____
I.D. Card: _____		

****MEMBERSHIP FEE, UPON APPLICATION IS \$35.00. RENEWAL FEE SHALL BE \$20.00 PER YEAR.****