



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

**** APPLICATION FOR ASSOCIATE 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) :

Are you a law enforcement official? Yes / No	Agency Name:		
Business Name (GOLD Membership):	Business/Agency Address: Street: City:	State:	Zip:
Business/Agency Phone: ()	Do You Speak Portuguese?: Yes / No	Are You Married?: Yes / No	Spouse Name:

Have you ever been arrested? Yes / No If yes, explain what for and if convicted:
** T-Shirt Size: (Circle One) Sm / Med / Lg / X-Lg / 2X-Lg / Other: _____

TYPE OF MEMBERSHIP

(Choose One)

_____ **GOLD MEMBERSHIP (\$250)**
 (One time, Lifetime Membership)
 (Also Available for Business Membership)

_____ **SILVER MEMBERSHIP**
 (\$50 for first year, \$20 Yearly Renewals)
 Not Available for Business Membership)

I hereby certify 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 also understand that if I am convicted of a crime, it will be just cause for termination of my membership.

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: _____