

# GPOA Membership Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_  
*Street/P.O.Box, City, State, Zip Code*

Primary Contact Phone: \_\_\_\_\_ ( ) Home ( ) Cell

Alternate Contact Phone: \_\_\_\_\_ ( ) Home ( ) Cell ( ) Work

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

Spouse's Name (if applicable): \_\_\_\_\_

Agency: \_\_\_\_\_ Station/Division: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

*If applicable:* ( ) Reserve ( ) Retired

You must provide us with a copy of your department Identification **OR** give us the name of a GPOA member that can sponsor you and confirm your identity and employment status:

Name of Sponsor: \_\_\_\_\_

- Would you like to be contacted via email regarding events and other information?  
Yes No
- Would you like to be contacted via text message regarding events and other information?  
Yes No
- Would you allow your personal information (Department, Title, Phone #, Email) to be shared with other members?  
Yes No

There are no annual dues for members, however, a one-time donation is suggested of new members to help support the operational costs of our organization.

A minimum of \$20 is requested.

How much will your donation be? \_\_\_\_\_ ( ) Cash ( ) Check ( ) PayPal

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application in person or mail to:

GPOA  
PO Box 691183  
West Hollywood, CA 90069

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*Office Use Only*

Status: *Approved Denied*  
Type: *Active Associate*

Amt Paid: \_\_\_\_\_  
Rcvd by: \_\_\_\_\_