



New Hampshire Police Association (NHPA)

Membership Form

Black or blue ink only, please.

PERSONAL INFORMATION

Salutation: _____ First Name: _____ Last Name: _____ Middle _____

Initial: Home Address: _____ Apartment/Unit: _____

_____ City: _____ State: _____ Zip Code: _____

County: _____ E-Mail Address: _____

Home Telephone: _____ Work Telephone: _____

Additional Telephone (please specify): _____

Professional Occupation: _____

LAW ENFORCEMENT INFORMATION

Name of Employing Law Enforcement Agency: _____

Agency Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____ County: _____

Where do you prefer to receive mail? Please send mail to home address Please send mail to my agency address

You're Officer Type: Law Enforcement Corrections Deputy Sheriff Liquor Enforcement
 NH State Police NH Fish and Game University System Law Enforcement Officer

Your Rank: _____ "Entered on Duty" Date: _____

Membership Eligibility: Active Sworn (\$25.00) Active Non-Sworn (\$25.00) Associate Member (\$25.00)
 Retired Member (FREE *) (Date/Agency Retired) _____ Life Member

Membership Status: New Member Renewal

**Those Active members who have retired and/or vested their rights with no less than ten year's service. Said retired members shall have been members in good standing in the NHPA for at least five consecutive years prior to applying for retired membership status. No dues are required for RetiredMembers.*

MEMBERSHIP SELECTION

To be eligible for membership in the NHPA, you must meet the criteria outlined in each of the categories of Membership. Please see the list of categories prior to filling out the membership application.

Choose a Payment Option: Check is enclosed Please Invoice me (Group Billing only)

Your membership is effective for the current calendar year upon receipt of your completed and signed Membership Form. New Membership Forms received October 1 or later will result in membership for the remainder of the calendar year plus all of the following year.

I am interested in serving on a committee or volunteering in some way. (Please check only if interested. You will be contacted.)

ACKNOWLEDGEMENT

By signing below, you affirm that the information you have provided on this application form is accurate and complete to the best of your knowledge. You agree to the terms of membership in the New Hampshire Police Association, as determined by the Board of Directors. Please mail completed application to **The New Hampshire Police Association; Attention: Membership Committee; 75 South Main Street; Unit #7; PMB 265; Concord, NH 03301**

Signature of Applicant

Date