

The German American Police Association Membership Application

4740 N. Western Ave. Chicago IL. 60625

Last Name First Name M.I. Employer Rank Unit Star

Address City State Zip

Home Tx email Next of Kin Relationship

Father: _____ Mother: _____

Ethnic Origin: _____ Ethnic Origin: _____

I am applying as a: (circle one) Police Member: \$25 Associate Member: \$30 Retired Police: \$10
(***Please pay via personal check!***)

Applicant's Signature

1st Sponsor

2nd Sponsor (for A/Ms only)

Approved by: _____ Date: _____ Computer entry by: _____ Date: _____

The 2015 GAPA Renewal

Name _____ Home/Cell Tx _____

Address _____ email _____

City, State & Zip _____

Assignment _____

***Please pay via
personal check!***

Circle one: Police Member: \$25 Associate:\$30 Retired Police: \$10

Mail to: The GAPA, 4740 N. Western, Chicago, IL 60625 (Renewal)