

HISPANIC POLICE OFFICERS ASSOCIATION

HPOA MEMBERSHIP APPLICATION / CHANGE OF ADDRESS FORM (circle one)

LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		APARTMENT
CITY		STATE, ZIP CODE
HOME PHONE	BUSINESS PHONE / CELL PHONE	
E-MAIL ADDRESS		
SOCIAL SECURITY NUMBER	BADGE NUMBER	
DATE OF BIRTH	LAW ENFORCEMENT AGENCY	

I am interested in joining the Miami-Dade Hispanic Police Officers Association. I hereby request the HPOA to deduct from my earnings each payroll period the sum of \$10.00. This amount shall be paid to the HPOA and represents payment of my dues. I understand that these deductions can only be terminated by giving the HPOA prior written notice as provided by law.

Signature: _____ Date: _____

Please Return To:

Hispanic Police Officers Association
Attention: Secretary
1470 N.W. 107th Ave, Suite P
Miami, FL 33172

