



# INTERNATIONAL POLICE ASSOCIATION REGION #2 - NEW YORK CITY

P.O. BOX 804  
Knickerbocker Station  
New York City, NY 10002-0804  
membership@iparegion2.org

Date of Enrollment: \_\_\_\_\_  
I.P.A. / U.S.A. Number \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Other action taken or remarks: \_\_\_\_\_  
IPA / 2015 (For Official Use Only)

## MEMBERSHIP APPLICATION FORM

PLEASE WRITE LEGIBLY

Name in Full \_\_\_\_\_ Rank / Title \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Command Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Appointment \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_ Command \_\_\_\_\_ Shield # \_\_\_\_\_  
Languages Spoken (other than english): \_\_\_\_\_  
Date of Retirement (if retired) \_\_\_\_\_ (Please explain if less than 20 years) \_\_\_\_\_  
Have you previously been an I.P.A. member? YES NO Previous Membership No. \_\_\_\_\_

**Regular Member:**  
\$30.00

Memberships shall be open to all serving and/or retired members of a duly organized Police Force, Department, or Agency, who are or were employed full time in the enforcement of the general criminal laws of their State or the United States Government.

**Life Member:**  
\$500.00 One Time  
Payment

Same Requirements as regular member, however limited to 20% of the current regular and life members in the region.

**Associate Member:**  
\$30.00

Non Law Enforcement Officers as approved by the Board of Officers, i.e, *Civilian Members of the Service NYPD are qualified for this membership.* (Only Valid in New York City)

I agree with the aims and objectives of the International Police Association as outlined in the Constitution, and that I shall conform to the Rules of the U.S. Section and Region of the International Police Association. If accepted, I will endeavor to further the work of the Association by fulfilling the obligations of membership. I hereby authorize the International Police Association to confirm and verify my status as a bonafide Police Officer or Agent for the Agency listed above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Send a copy of both sides of your law enforcement I.D. OR have the application certified by a Region #2 member.**

Recommended by \_\_\_\_\_ I.P.A.# \_\_\_\_\_

Region # **2 - New York City** Agency / Command \_\_\_\_\_

Make Check Payable to: **International Police Association, Region #2**

All regular / associate members, upon approval, will receive a New York City Membership.

*New York City Region No. 2 was organized on May 17, 1965 and we are members of the  
COMMITTEE OF POLICE SOCIETIES OF THE NEW YORK CITY POLICE DEPARTMENT*