

International German-American Police Association

www.igapa.com

Name _____ Mem# _____

Address _____ DOB _____

City/State/Zip _____

Phone (H) _____ Phone (W) _____

Religion _____ Mother's Maiden Name _____

Employed at _____ Title _____

Sponsor _____ Mem# _____ Date _____

Sponsor _____ Mem# _____ Date _____

Please contact GAPA President Jim Schwartz at polizei162@comcast.net for sponsorship information.

Active Member \$20.00 requires 1 sponsor
Associate Member \$18.00 requires 2 sponsors.
Life member \$150.00.
Sponsors must be Active Members.

Applicant's Signature _____ Date _____

Please remit check payable to GAPA with application send to:
Darryl Yost, 1706 Magnolia Ave., Hatboro, PA 19040

Authority to Deduct

For Active Philadelphia Police Department Members Only

TO THE CITY OF PHILADELPHIA: You are hereby authorized and empowered to withhold from my pay dues payable per year to the German American Police Association \$20.00.

This Power and authority is given voluntarily and of my free will without any coercion or inducement whatsoever.

Signature _____

Print Name _____

Address _____

Permanent Payroll No. _____

Rank _____

District/Unit _____

Badge No. _____

Date _____

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