

# 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: \$30    Associate Member: \$30    Retired Police: \$30  
( ***Please pay via personal check!*** )

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
1st Sponsor

\_\_\_\_\_  
2<sup>nd</sup> Sponsor (for A/Ms only)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Computer entry by: \_\_\_\_\_ Date: \_\_\_\_\_

## The 2017 GAPA Renewal

Name \_\_\_\_\_ Home/Cell Tx \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Assignment \_\_\_\_\_

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

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

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