



## Membership Application

(PLEASE TYPE OR PRINT CLEARLY)

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LAST NAME

FIRST NAME

MI

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STREET ADDRESS

CITY

STATE

ZIP CODE

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HOME PHONE#

CELL PHONE#

WORK PHONE#

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EMAIL ADDRESS

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DEPARTMENT / AGENCY

POSITION / RANK

BADGE / ID#

---

APPLICANT'S SIGNATURE

DATE

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SPONSOR'S NAME / SIGNATURE

2<sup>ND</sup> SPONSOR (ASSOCIATE MEMBERS ONLY)

**(Please Circle)**

**Active Member \$25      Retired Member \$20      Associate Member \$40**

Payment by PayPal to: mkegapa@gmail.com or on CONTACT page at [www.milwaukeegapa.com](http://www.milwaukeegapa.com)

Payment by Check or Money Order to:

**MILWAUKEE-GAPA**

**P.O. BOX 341802**

**MILWAUKEE, WI 53234-1802**

*(For mailed applications please include copy of Department/Agency Identification)*

Associate Membership Application requires two (2) sponsors.

Applicants agree to abide by all Association Rules and By-Laws.

All applications are subject to review by the Association Board of Directors.