

Port Authority Police Hispanic Society

PO Box 6414

Jersey City, NJ 07306

2016 MEMBERSHIP APPLICATION 2016
(All Information Strictly Confidential)



Last Name _____ First Name _____ M.I. _____

Sex ____ Shield # _____ Employee # _____ Date of Employment ____/____/____

Police Command _____ Work Phone (____) _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home Number (____) _____ Cell Phone (____) _____

Date of Birth ____/____/____ Place of Birth _____ Bi - Lingual? Yes ____ No ____

E-Mail Address _____

Indicate Effective Date of Rank

Police Officer ____/____/____ Detective Lt. ____/____/____

Detective ____/____/____ Captain ____/____/____

Detective Sgt. ____/____/____ Deputy Insp. ____/____/____

Sergeant ____/____/____ Inspector ____/____/____

Lieutenant ____/____/____ Chief ____/____/____

Check All that Apply:

_____ Full Membership (PA Police Officers Only)

I hereby agree to join the Port Authority of NY & NJ Police Hispanic Society, Inc. (PAPHS) and Pledge to Support and abide by the By Laws of this Organization. I agree to pay membership dues in the amount of thirty Dollars (\$30.00) per year. My first year's dues are submitted with this application.

_____ Associate Membership (Open Enrollment)

I hereby agree to join the Port Authority of NY & NJ Police Hispanic Society, Inc. (PAPHS) and Pledge to support and abide by the By Laws of this Organization Enclosed are my yearly dues in the amount of twenty dollars (\$20.00)

_____ I affirm **that I am** of Hispanic Origin / Descent _____ I affirm **I am not** of Hispanic Origin / Descent

_____/_____/_____
Signature Date

SIGNATURE DATE APPROVED BY & DATE