

# Dallas County Peace Officers Association

NBPA - Dallas Chapter

## MEMBERSHIP APPLICATION

(Please Print or Type)

\_\_\_\_\_  
Name (Last, First, M.I.)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone or Pager

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of Birth

**Marital Status:** [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

\_\_\_\_\_  
Spouse's Name

### Education Level:

[ ] High School [ ] 1-2 Years College [ ] Associate's Degree  
[ ] 3-4 Years College [ ] Bachelor's Degree [ ] Master's Degree [ ] Doctorate

### Military Experience

\_\_\_\_\_  
\_\_\_\_\_

### Law Enforcement Experience:

\_\_\_\_\_  
\_\_\_\_\_

**TCLEOSE Certification:** [ ] Basic [ ] Intermediate [ ] Advanced

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Current Rank

\_\_\_\_\_  
Assignment/Facility

### Specialized Training- Hobbies - Interest

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Dallas County Auditor's Office to deduct and pay to the Dallas County Peace Officer's Association \$20.00 monthly from salary or wages for membership dues.

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date: \_\_\_\_\_

Date Received \_\_\_\_\_ Submitted to Auditor \_\_\_\_\_ By \_\_\_\_\_