



The Italian American Police Society

Membership Application

Name	
Address	
City, State, Zip	
Date of Birth	

Employment Info. (Please do not abbreviate department or rank):

Department	
Rank	
Years there	

Marital Status _____ **Spouse** _____

Your Italian Heritage: _____ **Percentage** _____

Contact Information	
Home Phone	
Cell Phone	
Work Phone	
Email	

** Online Applications are preferred to expedite processing - Subscribe to email list on web site <http://iapsnj.org/mc-email> **

Office Use only:
Date of membership ___/___/___ Membership Number _____
Dues Paid? _____ Check Number _____
Credentials Sent Out _____ Entered in computer _____ Approved _____

Annual Dues \$30.00

Mail completed application along with
Dues Check to:
**The Italian American Police Society of
New Jersey
PO Box 352
Lyndhurst, NJ 07071**

Scan the image to the right with
your **Smartphone** to fill out the
application digitally.
You can then pay your dues via
PayPal at iapsnj.org/duespay

