



The Italian American Police Society Associate Membership Application

Name	
Address	
City, State, Zip	
Date of Birth	

Business Information

Name	
Type	
Website if any	

Marital Status _____ Spouse _____

Referred By: _____ Related: (circle one) YES or NO

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 \$50.00 \$30 for relative of regular member

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

