

# International Association of Women Police New Member & Renewal Application Form

## Pay Membership By Mail Form

Print your completed form and mail with payment to the address at the bottom of the form.

Last Name, First, Middle \_\_\_\_\_

Sworn Police or Law Enforcement Officer?  Yes  No

Current/Retired Officer?  Current  Retired

Rank / Title / Position \_\_\_\_\_

Agency \_\_\_\_\_

City, State, ZipCode, Province, Country \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Agency Address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip Code, Province, Country \_\_\_\_\_

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

Agency Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

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

How did you learn of IAWP? \_\_\_\_\_

Preferred Mailing Address:  Home  Work

Do you want to be listed in the Speakers Bureau?  No  Yes

I am applying for:  new membership  Renewal membership  Associate Membership

Active Membership  Affiliate Organization Membership

### Membership Fee Schedule:

\$40.00 USD per year - U.S.

\$35.00 USD per year – Canada

\$40.00 USD per year - Associate US

\$35.00 USD per year - Associate Canada

\$25.00 USD per year - Retired US

\$20.00 USD per year - All Other Countries

\$40.00 USD per year - Affiliate Organization Membership \$20.00 USD per year - Associate All Other Countries

\$400.00 USD - Life Individual Membership

Payment Information: All amounts must be tendered in U.S. Funds Amount \$

Cash Check # \_\_\_\_\_  MasterCard  Visa  Discover Card  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

*Print Completed Form and Mail to:*

**IAWP Treasurer** Kim Covert

Email: [Kimberly.Covert@ci.denver.co.us](mailto:Kimberly.Covert@ci.denver.co.us)

P.O. Box 11038

Denver, Co 80211-0038 USA

New Renewal Date: \_\_\_\_\_ Membership No. \_\_\_\_\_