



LOUISIANA TACTICAL POLICE OFFICERS ASSOCIATION

Individual Membership Application

Name: _____ Rank: _____

Date of Birth: _____ T-Shirt Size: _____

Agency: _____

Agency Phone: _____ Fax: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Pager: _____ E-Mail: _____

Primary Assignment (Patrol, Corrections, Narcotics, etc): _____

Collateral Assignment (SWAT, Crisis Negotiations, etc): _____

Does Your Agency have a Special Response Team? _____

Number of Team Members (if applicable) _____

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- ✓ Completed application must be accompanied by a photocopy of the applicant's commission card or departmental ID.
 - ✓ Enclose Check or Money Order for \$20.00 made payable to the LOUISIANA TACTICAL POLICE OFFICERS ASSOCIATION.
 - ✓ Mail application to PO Box 1510, Alexandria, LA 71309.
 - ✓ Individual Membership is allowed 1 (one) vote in LTPOA business..