



National
 Latino Officers Association
 America
 P. O. BOX 02-0120 BROOKLYN, NEW YORK 11201
 (866) 579-5809



Membership Application

D.O.E: _____
 Mem. ID: _____

(Please print clearly)

N

Last Name: _____ First Name: _____

Title/Rank: _____ Facility/PCT: _____ Tour: _____ Squad: _____

Social Security: _____ - _____ - _____ D.O.B: ____/____/____ Religion: _____

Seniority Date: ____/____/____ Shield #: _____ Tax Registry #: _____

Home Address:
 (Please include apt #, City, State, Zip)
 { } Change of Address

Office Address:
 (Please include apt #, City, State, Zip)
 { } Change of Address

L

Home Phone#: _____ - _____ - _____

Office Phone#: _____ - _____ - _____

Home Fax #: _____ - _____ - _____

Office Fax #: _____ - _____ - _____

Beeper/Cell #: _____ - _____ - _____

E-Mail: _____

Annual Membership Dues

{ } \$30.00 Regular Member

{ } \$25.00 Associate Member (Civilian)

Member Status

Active M.O.S { } New Member { } Renewal

Active Civilian { } New Member { } Renewal

Retired M.O.S { } New Member { } Renewal

Retired Civilian { } New Member { } Renewal

Beneficiary Information

Beneficiary Name: _____ Relation: _____

Endorsement of Member: _____ Date of Endorsement: ____/____/____

Fraternal order of Police Lodge # 196

Separate application needs to be filled



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Signature: X _____ Date: ____/____/____

Unidos Somos Invencibles! / United We Are Invincible!
www.nloaus.org