

Application
International German-American Police Association

www.igapa.org

Name _____ Mem# _____
Address _____ DOB _____
City/State/Zip _____
Phone (H) _____ E-mail Address _____

Religion _____ Mother's Maiden Name _____
Employed at _____ Title _____
Sponsor _____ Mem# _____ Date _____
Sponsor _____ Mem# _____ Date _____

Please contact GAPA President Jim Schwartz at Jim.Schwartz@igapa.org for sponsorship information.

Active Member \$20.00 requires 1 sponsor

Associate Member \$18.00 requires 2 sponsors.

Life member \$150.00.

Sponsors must be Active Members.

Applicant's Signature _____ Date _____

Please remit check payable to GAPA with application send to:
Bob Kraemer P.O. Box 63210 Philadelphia, PA 19114-4210
Authority to Deduct

For Active Philadelphia Police Department Members Only

TO THE CITY OF PHILADELPHIA: You are This Power and authority is given voluntarily hereby authorized and empowered to and of my free will without any coercion or withhold from my pay dues payable per year inducement whatsoever. to the German American Police Association \$20.00.

Signature _____
Print Name _____
Address _____
Permanent Payroll No. _____
Rank _____
District/Unit _____
Badge No. _____
Date _____

For active Philadelphia Police Department Members Only