



International German-American Police Association of Philadelphia

Membership Application

Applicant Information

Name _____

Address _____

Phone(H) _____ Phone(C) _____

Email (*personal NOT agency email address*) _____ Date of Birth _____

Religion _____ Mother's Maiden Name _____

Employer _____ Job Title _____

Signature _____ Date _____

Membership

- Active Member – Law Enforcement \$20.00/yr Requires 1 Active Member Sponsor
- Associate Member - Civilian \$20.00/yr Requires 2 Active Member Sponsors
- Life Member \$150.00 *Sponsorship required as per above*

Please remit check payable to I.G.A.P.A. with application and send to:
I.G.A.P.A. P.O. Box 63210 Philadelphia, PA 19114-3210

Sponsors

Name _____ Membership Number _____

Name _____ Membership Number _____

Active Philadelphia Police Department Members Only – Payroll Deduction Authorization

I authorize the City of Philadelphia to withhold from my pay, through payroll deduction, my annual dues for membership in the International German American Police Association (City Code: 1053) which will then be forwarded by the City annually to I.G.A.P.A. Additionally, I authorize I.G.A.P.A. to forward this request to the City of Philadelphia on my behalf.

Name _____

Address _____

Rank _____ Badge Number _____

District/Unit _____ Payroll Number _____

Signature _____ Date _____