

Massachusetts Association of Italian American Police Officers, Inc.

MEMBERSHIP APPLICATION



Membership Fee

\$ **30.00**

Please Type or Print

Name _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Email Address _____

Police Dept. Employed by _____

Rank _____

Firm Name _____ Type of Business _____

Business Address _____ Business Phone _____

Position Held _____ Place of Birth _____ Date of Birth _____

Names of Wife and Children _____

Accidental Death and Dismemberment Insurance: Off Duty ---(\$7,500.0) --- On Duty --- (\$15,000.00)

All Participating Members in Good Standing: Beneficiary _____

Relationship _____

MASSACHUSETTS ITALIAN AMERICAN POLICE OFFICERS CREED

- * National Network Of Chapters "Building For Youth"
- * Honor The Accomplishments of Italian Americans
- * Function As a Service To Our Community
- * To Build a Better Image in Our Community
- * Forming Strong Social Justice Committees

I hereby apply for membership and agree to abide by the Constitution and By-Laws of the
Massachusetts Association of Italian American Police Officers Inc.

Date _____ Signature _____

Sponsors _____

Email mmgiacoppo@Verizon.net Web Site-WWW.ITAPO.ORG

HEADQUARTERS 35 CENTER STREET BURLINGTON, MA .01803 - (781) 993-9250 FAX - (781) 993-9251