



# MINNESOTA POLICE AND PEACE OFFICERS ASSOCIATION

525 Park Street, Suite 250  
Saint Paul, MN 55103-2145  
Phone 651.291.1119 • Fax: 651.291.0227 • [info@mppoa.com](mailto:info@mppoa.com)

## MPPOA MEMBER APPLICATION

I, being employed with a Federal, State, County or local political subdivision as a police officer with powers of arrest by warrant in the enactment of or enforcement of its laws and ordinances, in the State of Minnesota, do hereby apply for membership in the Minnesota Police & Peace Officers Association. I agree to abide by the Constitution and By-laws of the Association.

I hereby enclose my dues for the year of **2019** in the amount of **\$50.00**. I understand this amount includes \$5.00 that is transferred to the MPPOA Legislative Fund. Because of association lobbying efforts, dues paid to this organization are not eligible as a charitable donation under Section 501©(6) or as a trade or business expenditure under Section 162(e)(1)(A) of the Internal Revenue Code. The membership dues include the annual subscription to the *Minnesota Police Journal*.

### THIS FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Department: \_\_\_\_\_ POST License #: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Beneficiaries address (if different from member's): \_\_\_\_\_

Do you work full or part time: \_\_\_\_\_

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature

**\*\*\*MPPOA MEMBERSHIP CHECKS MUST BE WRITTEN SEPARATELY FROM LEGAL DEFENSE FUND CHECKS\*\*\***

Please make your check payable to "MPPOA" and return it with this completed form to:  
**525 Park Street, Suite 250, St. Paul, MN 55103-2145**