



HAPCOA

HISPANIC AMERICAN POLICE COMMAND OFFICERS ASSOCIATION

Membership Application Form

Po Box 767 Cibolo, Texas 78108

<http://www.hapcoa.org>

Name: _____

Position/Title: _____

Organization: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Email: _____

Work Telephone #: _____ Work Fax #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Home e-mail: _____

Note: The information provided above shall be treated as confidential.

Please check to which address you prefer **MAIL** be sent:

☐ Work ☐ Home

Please check to which address you prefer **EMAIL** be sent:

☐ Work ☐ Home

Please check type of membership:

For a description of the membership categories, please visit our website at www.hapcoa.org

- | | |
|--|-------------------|
| <input type="checkbox"/> Regular Member (Voting) | \$100/yr |
| <input type="checkbox"/> Associate Member (Non-Voting) | \$75/yr |
| <input type="checkbox"/> Supporting Member (Non-Voting) | \$55/yr |
| <input type="checkbox"/> Student Member (Non-Voting) | \$25/yr |
| <input type="checkbox"/> Lifetime Member (Voting) | \$1,500 |
| <input type="checkbox"/> Organizational/Corporate Member (Non-Voting) | \$2,500/yr |

Recruited by: _____ Chapter _____

Please be sure to list your Local Chapter

***Make check payable to HAPCOA and mail it, along with this form, to
HAPCOA. PO Box 767 Cibolo, Texas 78108***