

METROPOLITAN ATLANTA POLICE EMERALD SOCIETY

MEMBERSHIP APPLICATION

NAME _____

First

MI

Last

ADDRESS _____

Number

Street

Apartment

City

County

State

Zip

HOME NUMBER (____) _____ DATE OF BIRTH _____

WORK NUMBER (____) _____ DEPT / BUSINESS _____

PAGER NUMBER (____) _____ RANK / TITLE _____

FACSIMILIE NUMBER (____) _____ E-MAIL ADDRESS _____

CHECK ONLY ONE OF THE FOLLOWING:

ACTIVE (SWORN LAW ENFORCEMENT; ACTIVE OR RETIRED OF GAELIC / IRISH DESCENT OR BY MARRIAGE)

ASSOCIATE (SWORN LAW ENFORCEMENT; ACTIVE OR RETIRED / NON GAELIC / IRISH DESCENT)

HONORARY (CIVILIAN; GAELIC / IRISH DESCENT)

AUXILIARY (CIVILIAN; NON GAELIC / IRISH DESCENT)

TO THE OFFICERS OF THE METROPOLITAN ATLANTA POLICE EMERALD SOCIETY:

I, THE UNDERSIGNED DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE POLICE EMERALD SOCIETY. FURTHER, IT IS UNDERSTOOD THAT ACCEPTANCE IN THE POLICE EMERALD SOCIETY, DOES NOT IN ANY WAY PROTECT THE MEMBER AGAINST VIOLATIONS OF THE LAW, NOR HAS THE MEMBER BEEN PROMISED ANY FAVORS OR IMMUNITY BY ANY LAW ENFORCEMENT OFFICER. I PROCLAIM TO BE OF GOOD CHARACTER AND A LAW ABIDING CITIZEN. UPON REQUEST, THE BOARD OF DIRECTORS MAY REQUEST FROM THE APPLICANT VERIFICATION CONCERNING THE TYPE OF MEMBERSHIP.

Date

Signature

Sponsor

MAKE CHECK PAYABLE TO: M.A.P.E.S.

MEMBERSHIP DUES

\$30.00

PLUS \$10.00

(ONE TIME INITIATION FEE)

SEND APPLICATION TO:

METROPOLITAN ATLANTA POLICE EMERALD SOCIETY, INC.

P.O. BOX 79053

ATLANTA, GA 30357

MEMBERSHIP YEAR COMMENCES -- JANUARY, ANNUALLY