Metropolitan **A**tlanta **P**olice **E**merald **S**ociety

MEMBERSHIP APPLICATION

Name: _____
First MI Last

Address: _____
Number Street Apt / Suite

_____
City County State Zip

Home Number: (____)_____ Date of Birth: _____

Work Number: (_____)_____ Dept / Business: _____

Cell Number: (_____)_____ Rank / Title: _____

Fax 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 of 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 favor or immunity by a 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 per year plus a one time fee of $10.00
Send Application to: M.A.P.E.S. P.O. Box 79053 Atlanta, GA 30357