



International Union of Police Associations, AFL-CIO

Associate Member/ Supporter Application

*Full Name, Print

*Mailing Address

*City, State

*Zip

*Job Title

*Phone

*Phone (other)

*Email Address

As an Associate Member, you are entitled to all benefits offered by Union Privilege. For more information, please review the information enclosed in your packet or visit <http://www.unionplus.org>. You will receive your supporter packet and annual Supporter Card in the mail within four weeks.

The Annual Fee for a Supporter is \$60.00.

*Signature _____ *Date _____

Return Application with payment (check or credit card authorization) to:
International Union of Police Associations
5632 Bee Ridge Rd., Suite 200, Sarasota FL 34233

For further information please visit us at www.iupa.org.

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO
US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date:

Card Identification Number (last 3 digits located on the back of the credit card except for American Express which has a 4-digit code on the front of the card): _____

Amount to Charge: \$ _____ (USD)

I authorize The International Union of Police Associations, AFL-CIO, to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form by mail or fax (941-487-2570) to:

International Union of Police Associations, AFL-CIO
5632 Bee Ridge Rd., Suite 200, Sarasota FL 34233

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