



# International Union of Police Associations, AFL-CIO

## Associate Member/ Supporter Application

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\*Full Name, Print

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\*Mailing Address

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\*City, State

\*Zip

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\*Job Title

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\*Phone

\*Phone (other)

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\*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 \$75.00.

\*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](http://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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