

**POLICE HISPANIC SOCIETY, INC.**

PO Box 8350 Five Corners Station  
Jersey City, NJ 07308  
2011 MEMBERSHIP APPLICATION 2011  
(All Information Strictly Confidential)



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Sex \_\_\_\_ Shield # \_\_\_\_\_ Employee # \_\_\_\_\_ Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Police Command \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Bi - Lingual? Yes \_\_\_\_ No \_\_\_\_

E-Mail Address \_\_\_\_\_

**Indicate Effective Date of Rank**

Police Officer ____/____/____	Detective Lt. ____/____/____
Detective ____/____/____	Captain ____/____/____
Detective Sgt. ____/____/____	Deputy Insp. ____/____/____
Sergeant ____/____/____	Inspector ____/____/____
Lieutenant ____/____/____	Chief ____/____/____

**Check All that Apply:**

\_\_\_\_\_ Full Membership (PA Police Officers Only)

I hereby agree to join the Port Authority of NY & NJ Police Hispanic Society, Inc. (PAPHS) and Pledge to Support and abide by the By Laws of this Organization. I agree to pay membership dues in the amount of thirty Dollars ( \$30.00) per year. My first year's dues are submitted with this application.

\_\_\_\_\_ Associate Membership (Open Enrollment)

I hereby agree to join the Port Authority of NY & NJ Police Hispanic Society, Inc. (PAPHS) and Pledge to support and abide by the By Laws of this Organization Enclosed are my yearly dues in the amount of twenty dollars (\$20.00)

\_\_\_\_\_ I affirm **that I am** of Hispanic Origin / Descent \_\_\_\_\_ I affirm **I am not** of Hispanic Origin / Descent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
SIGNATURE DATE APPROVED BY & DATE