



# NLPOA Central Texas Chapter



## Membership Application

### INSTRUCTIONS

Please print or type and sign the form. Provide all requested information. Submit your application and fees to the Central Texas Chapter.

**Mail to:** NLPOA Central Texas Chapter  
Attn: Membership  
P O BOX 685153  
Austin, TX 78768-5153

### PERSONAL INFORMATION

First Name	Middle Name/Initial	Last Name	DOB	SSN
Mailing Address		City, State & Zip	(AC) Home Phone	
Agency Name		Job Title	Assignment/Shift	
(AC) Cell Phone	(AC) Pager	(AC) Work Phone	Email Address	

### EDUCATION / AREAS OF EXPERTISE / AREAS OF INTEREST

Education <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Technical Training <input type="checkbox"/> Other _____
Professional Education _____
Indicate the committees that are of interest to you: <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Fundraising <input type="checkbox"/> Issues <input type="checkbox"/> Membership <input type="checkbox"/> Special Events <input type="checkbox"/> SPEAKER'S BUREAU*
* Submit Resume _____

### PAYMENT OPTIONS ARE BANK DRAFT, CREDIT CARD, CHECK OR CASH

**NLPOA CTC Regular Membership:** Dues are \$6.25 per month. **TMPA Membership & Legal Defense Plan** is an additional \$23.00 per month. **NPOA CTC Regular Membership Dues plus the TMPA Membership & Legal Defense Plan** is \$29.25 per month. **NOTE: The Legal Defense Plan is only for Peace Officers, Corrections Officers & Public Safety Employees.**

**Associate Membership Fees:** Dues are \$5.00 per month.

**Bank Draft:**  \$6.25 Regular Membership  \$5.00 Associate Membership  \$29.25 Regular Membership + TMPA Membership & Legal Defense Plan  
 · The draft is made on the 15th of each month  
 · Enclose a check for one month's dues and a voided check from the account you want drafted.  
 Depository Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Transit/ABA #: \_\_\_\_\_  Saving  Checking Account Number: \_\_\_\_\_

**Pay by Credit Card:**  VISA  MASTERCARD  DISCOVER  
 Charge \$ \_\_\_\_\_ to my credit card on the 15<sup>th</sup> of each month  
 Name of cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Credit Card Verification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

My Check, for the amount of \$ \_\_\_\_\_ and payable to N.L.P.O.A Central Texas Chapter, is enclosed.  
 New Member, recruited by \_\_\_\_\_  Renewing Member, Member Since Year \_\_\_\_\_

Check here if you would like a VW 2 Way Alpha Pager or Email: pager-rep@nlpoacentex.org

**NOTE: We encourage the use of Bank Draft for the convenience of members.**

I understand that my membership becomes effective upon receipt of dues by the local Treasurer and approval of the Executive Board. I further understand that the Bank Draft and the Pay by Credit Card will continue until written notice of termination has been submitted to the Treasurer.

**Applicant's Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

### FOR INTERNAL USE ONLY

Chapter Name	Date of Approval	<input type="checkbox"/> B/D <input type="checkbox"/> C/C <input type="checkbox"/> Check #:	<input type="checkbox"/> Cash	Amount Received \$:
Signature of chapter president or treasurer (required)		Print name of officer and position		