St. Louis County Police Association
Fraternal Order of Police Lodge 111

8816 Manchester Rd #410, St. Louis, MO 63144
PHONE: (314) 240-4960 EMAIL: info@slcpa.org
WWW.SLCPA.ORG

Application For Membership

(Please Print Legibly)

Upon completion email both forms to: info@slcpa.org

PERSONAL INFORMATION:

NAME:_____DSN:_____

RANK:_____ COMMISSIONED DATE:_____/_____/_____
(If Commissioned, Leave blank if non-commissioned)

ASSIGNMENT (PRECINCT, UNIT, BUREAU): _____

DOB:_____/_____/_____ SOCIAL SECURITY NO.:_____-_____-_____

ADDRESS:_____

_____

PHONE: (Home)_____(Cell)_____

Cell Provider (To Receive Text Alerts): _____

MALE FEMALE MARRIED SINGLE

PREVIOUS MEMBER? YES NO

PERSONAL E-MAIL ADDRESS:

_____
(Any non-departmental E-mail address)

BENEFICIARY INFORMATION:

_____
Name Address, if different from yours

_____
Relationship to you Beneficiary's SSN (for AD&D policy)

_____
SIGNATURE OF APPLICANT DATE

By signing this application, you approve up to 10% of your dues to be used for the PAC. Check here to opt out _____