



LOUISIANA TACTICAL POLICE OFFICERS ASSOCIATION

Team Membership Application

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Agency Fax: _____

Commanding Officer's Name: _____

Commanding Officer's Signature: _____

Agency Head's Name: _____

Please Select One of the following:

Full Time Team Number on Team: _____

Part Time Team Number on Team: _____

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- ✓ Completed application must be accompanied by a photocopy of the Commander's commission card or departmental ID.
 - ✓ Enclose Check or Money Order for \$50.00 made payable to the LOUISIANA TACTICAL POLICE OFFICERS ASSOCIATION.
 - ✓ Mail application to 1104 Royce Dr., Alexandria, LA 71309.
 - ✓ Team Membership is allowed only 1 (one) vote in LTPOA business.