

## Ohio Police Juvenile Officers' Association

## **MEMBERSHIP APPLICATION**

NAME:			
Title	First	MI	Last
DEPARTMENT OR AGE	NCY:		
OFFICE ADDRESS:			
	Street	C	ity/State/Zip
HOME ADDRESS:	Street	C	ity/State/Zip
MAILING PREFERENCE	E: HOME [ ] OFFI	CE[](check one)	
PHONE: OFFICE ( )		Cell <u>()</u>	
FAX: ( ) EMAIL ADDRESS:			
I agree as a member of the of myself to the constitution of action and the fostering of b committing offenses against	the Association for the est practices and proce	betterment of all hu	manity through united
APPLICANT:			
	Signature		Date
Annual dues are \$10.00 and (If application is sent with a traini registration.)			will be included in cost of
Make checks payable to: OF	HO POLICE JUVENII	E OFFICERS' ASS	SOC.
MAIL COMPLETED APPL	ICATION AND CHEC	CK TO:	

O.P.J.O.A. C/o Thomas A. Koth, Sec/Treas 7595 Walton Road Walton Hills, Ohio 44146