Ohio Police Juvenile Officers' Association

MEMBERSHIP APPLICATION

NAME: _____
Title First MI Last

DEPARTMENT OR AGENCY: _____

OFFICE ADDRESS: _____
Street City/State/Zip

HOME ADDRESS: _____
Street City/State/Zip

MAILING PREFERENCE: HOME [ ] OFFICE [ ] (check one)

PHONE: **OFFICE** (____) _____ **HOME** (____) _____

FAX: (____) _____ **EMAIL ADDRESS:** _____

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*I agree as a member of the **OHIO POLICE JUVENILE OFFICERS' ASSOCIATION**, to bind myself to the constitution of the Association for the betterment of all humanity through united action and the fostering of best practices and procedures in the handling of juveniles and those committing offenses against them.*

APPLICANT: _____ _____
Signature Date

Annual dues are **$10.00** and should be included with application.
(If application is sent with a training conference registration, do not send dues - they will be included in cost of registration.)

Make checks payable to: OHIO POLICE JUVENILE OFFICERS' ASSOC.

MAIL COMPLETED APPLICATION AND CHECK TO:

O.P.J.O.A.
c/o Stan W. Popp, Sec/Tres
2215 Highlook Road
Mansfield, Ohio 44904-1607