



Minnesota Police Reserve Officers Association, Inc.
Membership Enrollment Form

Black or blue ink only, please.

PERSONAL INFORMATION

Salutation: _____ First Name: _____ Last Name: _____ Middle Initial: _____
Home Address: _____ Apartment/Unit: _____
City: _____ State: _____ Zip Code: _____ County: _____
E-Mail Address: _____ Home Telephone: _____
Work Telephone: _____ Additional Telephone (please specify): _____
Professional Occupation: _____

LAW ENFORCEMENT INFORMATION

Name of Employing Law Enforcement Agency: _____
Agency Address: _____ Room or Mail Stop: _____
City: _____ State: _____ Zip Code: _____ County: _____
Where do you prefer to receive mail? Please send mail to home address Please send mail to my agency address
Your Officer Type: Reserve Police Officer Reserve Deputy Sheriff Mounted Patrol, Posse, or Special Deputy
 Search & Rescue Officer/Deputy U.S. Coast Guard Auxiliary Member CERT or VIPS Volunteer
 Conservation or Park Patrol Officer Retired Reserve Officer (minimum 5 years continuous service)
 Reserve Coordinator or Liaison Officer (Full-Time) Eligible Career Police Officer
Your Rank: _____ "Entered On Duty" Date: _____ Date Retired (if applicable): _____
Licensure: Not Licensed Part-Time Peace Officer License Peace Officer License
Are you a law enforcement student? Yes, I am currently enrolled No, but I plan to enroll in the future No, not at all
Compensation: Volunteer Only Volunteer with Retirement Pension Stipend Wages Paid for Time Worked

MEMBERSHIP SELECTION

To be eligible for membership in the MPROA you must be a reserve police officer, reserve deputy sheriff, or other law enforcement volunteer. Membership is also open to career police officers and sheriff's deputies involved with reserve law enforcement programs (i.e. coordinators, liaison officers, trainers). Officers from other states, U.S. territories, and countries are eligible to join but participation in certain MPROA programs is limited to Minnesota officers.

Choose a Payment Option: My \$20.00 Check is Enclosed Please Invoice My Agency

Your membership is effective for the current calendar year upon receipt of your completed and signed Enrollment Form. New Membership Enrollment Forms received October 1 or later will result in membership for the remainder of the calendar year plus all of the following year.

I am interested in serving on a committee or volunteering in some way. (Please check only if interested. You will be contacted.)

ACKNOWLEDGEMENT

By signing below, you affirm that the information you have provided on this application form is accurate and complete to the best of your knowledge. You agree to the terms of membership in the Minnesota Police Reserve Officers Association, as determined by the Board of Directors.

Signature of Reserve Officer _____ Date _____