



**MASSACHUSETTS CHIEFS OF POLICE ASSOCIATION**  
**In Unity There is Strength**

**ASSOCIATE MEMBERSHIP APPLICATION**

**ELIGIBILITY:** Chiefs are encouraged to recommend individuals of good character who support the ideals of this Association. The approval of the Chief of the community in which an individual either resides or does business is required.

NAME: \_\_\_\_\_

BUSINESS/PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY or TOWN \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Business

FAX: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Optional:** Brief background including community activities, interest in law enforcement, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended – Attach Photo

RECOMMENDED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief of Police

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief of Police where applicant resides or does business

Please check here if you want us to order you a pocket badge. (*NOTE: A \$30.00 fee must accompany your application.*)

**ACTION BY MCOPA MEMBERSHIP:**

- Approved – Date: \_\_\_\_\_  Disapproved – Date: \_\_\_\_\_  
 Applicant So Notified – Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Added to Membership Files – Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Added to Mailing List – Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**Membership Dues: One Year \$150.00**  
**Use This Form to Propose a New Associate Member**  
Return Application by Email, Mail or via Fax to: Executive Director  
353 Providence Road, South Grafton, MA 01560 / Fax (508) 839-3702