



# NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS, INC.

*Representing America's Finest*

317 South Patrick Street. ~ Alexandria, Virginia ~ 22314-3501  
(703) 549-0775 ~ (800) 322-NAPO ~ Fax: (703) 684-0515  
[www.napo.org](http://www.napo.org) ~ Email: [info@napo.org](mailto:info@napo.org)

## EXECUTIVE OFFICERS

MICHAEL McHALE

**President**

*Florida Police Benevolent  
Association*

CHRIS COLLINS

**Vice President**

*Las Vegas Police  
Protective Association*

KEITH DUNN

**Recording Secretary**

*New Jersey State Policemen's  
Benevolent Association*

SEAN M. SMOOT

**Treasurer**

*Police Benevolent & Protective  
Association of Illinois*

JOHN A. FLYNN

**Sergeant-at-Arms**

*Patrolmen's Benevolent  
Association of New York City*

TODD HARRISON

**Executive Secretary**

*Combined Law Enforcement  
Associations of Texas*

RICHARD WEILER

**Parliamentarian**

*Police Officers Labor Council  
of Michigan*

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

I, the undersigned law enforcement officer, do hereby apply to the National Association of Police Organizations, Inc. (NAPO) for associate membership, in accordance with Article II of NAPO's constitution and bylaws. By submitting the application, I affirm that I support the goals and purposes of NAPO as outlined in NAPO's constitution and bylaws. I also acknowledge that there is presently no professional association or organization of law enforcement officers in my area which is affiliated with NAPO. Should such an organization exist now or in the future, I may then no longer be an individual associate member, but may remain active in NAPO as a regular member through the association or organization that is affiliated with NAPO.

\_\_\_\_\_  
Signature

Active or Retired  
(Please circle one)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Rank and Department

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Dept. City, State, Zip Code

Phone Number where you can be reached: \_\_\_\_\_

Email address: \_\_\_\_\_

Send mail to my: ☐ Home ☐ Office

Add me to the email list serve: ☐ yes ☐ no

☐ I have enclosed payment of \$40.00 for one year's individual dues.

☐ I have paid \$40.00 online by credit card for one year's individual dues.

Mail, fax or email the completed form to: NAPO

317 South Patrick Street  
Alexandria, Virginia, 22314

\*Please submit a copy of your law enforcement ID along with this application.

## NATIONAL HEADQUARTERS

WILLIAM J. JOHNSON

**Executive Director and  
General Counsel**