



Arkansas Municipal Police Association Membership Application Form

Name: _____ DOB: _____ SSN _____

Mailing Address _____

City _____ ZIP _____ Home Phone _____

Beneficiary Name: _____ Relationship _____

Spouse, offspring, parent, sibling, other

Beneficiary SSN: _____

Police Dept. _____ Dept. Phone _____

Dept. Address _____

Rank _____ Status: Active LEO _____ Retired _____

Length of service _____ email address: _____

(both SSNs are necessary for group insurance records)

Membership: \$36 per year, make checks payable to; Arkansas Municipal Police Association.

Mail to:

ARKANSAS MUNICIPAL POLICE ASSOCIATION

AMPA MEMBERSHIPS

P.O. Box 253

Waldron, AR 72958

Phone: (479) 637-2058

Fax: (479) 637-2057