

P.A.T.O.A. Membership Application

First Name		MI		Last	
Rank:		Assignment			
Agency Name					
Agency Street Address					
City		State		Zip	
Agency Phone					
E-Mail Address					
Mailing Address <i>(if different from above)</i>					
City		State		Zip	
Home Phone					
Send Membership Mail to: <i>(circle one)</i> Home Agency					
Membership form must be accompanied with \$25.00 Payment					
Make check or money order payable to PATOA					

Employment Verification

Verification of law enforcement employment required. A copy of your agency ID on agency letterhead verifying your employment must accompany your membership application. Applications without this information will be returned.

Mail completed membership application to:

Pennsylvania Tactical Officers Association

**PATOA,
PO Box 99482
Pittsburgh, PA 15233**