

Missouri Peace Officers Association

2025 APPLICATION FOR MEMBERSHIP

New or Renewal

**I wish to become a member of the Missouri Peace Officers Association,
Entitled to all the services, benefits, and privileges extended to members thereof.**

Dues \$35 per year (January 1 – December 31)

Name: _____

Title: _____

Agency: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

(To receive updates, training, events, items of interest, invoice when paying by credit card, etc.)

Cell: _____ Office: _____

Renewal: _____ **New Member:** _____ **Associate Member:** _____

Sponsored by: _____, MPOA Member

Title: _____

Agency: _____

Please make check payable to: MPOA

Mail to: Missouri Peace Officers Association
101 West McCarty Street – Suite 200
Jefferson City, MO 65101

Questions: (816) 581-3767 Email: the.mpoa@mopoa.org

To pay by credit card #: _____ Exp: _____