

Arab-American Police Association

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone:() _____

Work Phone:() _____

Pager/Cell:() _____

E-mail address: _____

Department: _____ Current Assignment: _____

Shift: _____ Days Off: _____

Personal Profile:

Note: Answering any or all of these questions would help us make this association a success
How many years have you been with your department?

Any prior Law Enforcement or Corrections experience?

Any specialized training?

Any Instructor or Speaking abilities?

Any Military Experience?

Any other members of your immediate family in Law Enforcement?

Are you married, single, or divorced? Do you have any children?

Any hobbies or skills you would like to share with others?