



**ARKANSAS MUNICIPAL POLICE ASSOCIATION  
MEMBERSHIP APPLICATION FORM  
PO Box 253 Waldron, AR 72958  
Phone: 479-637-2058 Fax: 479-637-0155**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary SSN: \_\_\_\_\_

Police Dept. \_\_\_\_\_ Dept. Phone: \_\_\_\_\_

Dept. Address: \_\_\_\_\_

Rank: \_\_\_\_\_ Status: Active LEO: \_\_\_\_\_ Retired: \_\_\_\_\_

Length of Service: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Mail to:  
ARKANSAS MUNICIPAL POLICE ASSOCIATION  
AMPA MEMBERSHIPS  
PO Box 253  
Waldron, AR 72958