



POLICE TACTICS INSTRUCTORS OF AMERICA

Vincent Marchetti – Director

MEMBERSHIP APPLICATION

NAME: _____ TITLE: _____

SSN: _____ - _____ - _____ D.O.B. _____

SEX: _____ HT: _____ WT: _____ EYES: _____ HAIR: _____

HOME ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

EMAIL ADDRESS (optional): _____

LAW ENFORCEMENT AGENCY (if applicable): _____ BADGE # _____

As a member of the Police Tactics Instructors of America I promise to uphold the highest standards of integrity and honor and will uphold the constitution and by-laws of the organization. I also certify that the statements written on this application are true.

SIGNATURE: _____ DATE: _____

*Please attach documentation of instructor certifications.

*Please enclose annual dues in the amount of \$30.00

(Check one) Initial Application Renewal I.D. # _____

Send **CASH ONLY** to: *Vincent Marchetti*
4560 Poinciana St.
Lauderdale by the Sea, Florida 33308-3518

FOR OFFICE USE ONLY

APPROVED BY: _____ I.D. NUMBER ASSIGNED _____