

Florida SWAT Association

Individual Membership Application



Mail to: Florida SWAT Association
P.O. Box 917589 Longwood, FL 32791-7589

Name: _____ Date: _____

D.O.B. _____ Sex: _____

Employing Department/Agency: _____

Title/Rank (if applicable): _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Email Address: _____

Annual Dues: \$25.00 due every January
(Enclose check or money order payable to the Florida SWAT Association, Inc.)
Your application **must** include a photocopy of the applicant's active department/agency identification card.

Do not write in this space

Date Paid: _____ Received Card Date: _____

CK#: _____ Completed Input: Yes _____ No _____

Date Expires: _____ Record #: _____

New: _____ Renewal: _____ Full: _____ Associate: _____

Corporate: _____ Honorary: _____