

**National Black Police Association  
30 Kennedy Street-NW, Suite 101  
Washington, DC 20011  
(202) 986-2070 (202) 986-0410 FAX**

**CHAPTER AFFILIATE MEMBERSHIP APPLICATION**

All NBPA chartered Chapter Affiliates are required to submit an official Membership Roll listing individual members on January 1st and July 1st of each year. Failure to submit a completed Membership Roll will jeopardize the Chapter Affiliates standing in all NBPA related activities. There is a \$200.00 annual administrative fee.

**CHAPTER AFFILIATE ORGANIZATIONAL DATA and OFFICIALS**

**CHAPTER AFFILIATE**

Name	<input type="text"/>		
Address	<input type="text"/>		
City/State/Zip	<input type="text"/>		
Day Phone	<input type="text"/>	E-Mail Address	<input type="text"/>
Night Phone	<input type="text"/>		
Charter Number	<input type="text"/>		

**PRESIDENT**

Name	<input type="text"/>		
Address	<input type="text"/>		
City/State/Zip	<input type="text"/>		
Day Phone	<input type="text"/>	E-Mail Address	<input type="text"/>
Night Phone	<input type="text"/>		

**VICE PRESIDENT**

Name	<input type="text"/>		
Address	<input type="text"/>		
City/State/Zip	<input type="text"/>		
Day Phone	<input type="text"/>	E-Mail Address	<input type="text"/>
Night Phone	<input type="text"/>		

**SECRETARY**

Name	<input type="text"/>		
Address	<input type="text"/>		
City/State/Zip	<input type="text"/>		
Day Phone	<input type="text"/>	E-Mail Address	<input type="text"/>
Night Phone	<input type="text"/>		

**FINANCIAL OFFICER**

Name

Address

City/State/Zip

Day Phone  E-Mail Address

Night Phone

**REGIONAL DELEGATE**

Name

Address

City/State/Zip

Day Phone  E-Mail Address

Night Phone

**REGIONAL DELEGATE**

Name

Address

City/State/Zip

Day Phone  E-Mail Address

Night Phone  Name

**OTHER**

Name

Address

City/State/Zip

Day Phone  E-Mail Address

Night Phone

**OTHER**

Name

Address

City/State/Zip

Day Phone  E-Mail Address

Night Phone

**OTHER**

Name

Address

City/State/Zip

Day Phone  E-Mail Address

Night Phone