

# P.A.T.O.A Membership Application

First Name		MI		Last	
Rank:				Soc. Sec. No.	
Assignment <i>(Circle One)</i>	SWAT	Patrol	CNT	TEMS	Other <i>(Describe):</i>
Agency Name					
Street Address					
City				State	Zip
Agency Phone				Agency Fax	
Agency Email Address (print clearly)					
Mailing Address <i>(if different from above)</i>					
City				State	Zip
Home Phone				Home Fax	
Home Email Address (print clearly)					
Send Membership Mail to:				Home	Agency
<b>MEMBERSHIP WILL NOT BE ACCEPTED WITHOUT \$25.00 PAYMENT</b>					
Check No			Amount:		
VISA/MasterCard/Am Ex Credit Card No.					
Name on Card				Expiration Date	
Cardholder Signature					

## Employment Verification

Verification of law enforcement employment required. A copy of your agency ID or letter from your supervisor on agency letterhead verifying your employment must accompany your membership application. Applications without this information will be returned.

**Mail completed membership application to:**

**Pennsylvania Tactical Officers Association**

PATO, A,  
PO Box 99482  
Pittsburgh, PA 15233