



UNITED STATES CAPITOL POLICE
RETIRED OFFICERS ASSOCIATION, INC.

P. O. Box 1554
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MEMBERSHIP APPLICATION

ANNUAL DUES: ACTIVE MEMBER: \$ 25.00 ----- ASSOCIATE MEMBER: \$ 20.00 -----

Make Checks Payable To: USCPROA

NAME: ----- CARD NO.:-----

ADDRESS: -----

CITY, STATE & ZIP CODE: -----

HOME PHONE NO: ----- BUSINESS PHONE NO.:-----

E-MAIL ADDRESS: ----- CELL PHONE NO.:-----

PAGER NO.: ----- DATE OF BIRTH: -----

DATES OF USCP SERVICE: FROM: ----- TO: -----

SPOUSE: -----

CHILDREN: -----

BRIEF DESCRIPTION OF PRESENT ACTIVITIES: -----

WOULD YOU LIKE TO HAVE YOUR INFORMATION LISTED IN THE MEMBERSHIP DIRECTORY? :

YES: ----- NO: -----

WOULD YOU VOLUNTEER FOR EVENTS? : YES:----- NO: -----

SIGNATURE: ----- DATE: -----

******Any information provided by the applicant will be confidential and the United States Capitol Police Retired Officers Association will never provide the information to any other organization.**