



RHODE ISLAND MINORITY POLICE ASSOCIATION

P.O. Box 17183
Esmond, Rhode Island 02917

MEMBERSHIP APPLICATION

OFFICE USE ONLY:

Date Received _____ Member ID: _____

Initial Dues Amt: \$ _____ Payment Method: _____

APPROVED _____ Date _____

President

Name: _____

Address: _____

City: _____ Zipcode: _____ Home Phone _____ - _____

Date of Birth: _____ Work Phone _____ - _____

Age _____ Gender: Male Female Cell Phone/Beeper _____ - _____

Ethnic Background: African/American Hispanic Asian/Pacific
 American Indian Other: _____

In case of Emergency, contact: _____

Email Address: _____

Education: High School _____ Date Graduated _____

College _____

Major Course of Study _____ Degree _____ Year _____

EMPLOYMENT: Department/Agency _____

Date of Hire _____ Rank/Position _____

Current Shift/Duty Assignment _____

I understand that acceptance of an application for ACTIVE MEMBERSHIP is based on criteria set for law enforcement status as stated in RIGL § 12-7-21, as it pertains to powers of arrest. Law enforcement-related applicants not meeting this requirement will be considered for Associate Membership ONLY.

Signature

Date

Please answer the following questions as regards your participation with the Rhode Island Minority Police Association.

Are you able to attend a regular meeting of the General Body ? Yes No

What are your career goals as a law enforcement officer ? Please explain.

Do you speak a language, other than English, fluently ? Yes No If yes, which language(s) do you speak ?

What languages do you read ? _____

What do you feel you are able to offer to RIMPA as a member, that will be of benefit to the enhancement of minority law enforcement, the minority community, RIMPA as an organization, and still benefit your long-term goals ?

What do you feel that association with RIMPA can offer you of benefit ?

What are some of the issues you would like RIMPA to become involved in, either locally within your community, or on a State level ?