



KANSAS CITY POLICE HISTORICAL SOCIETY

Preserving the past, protecting the future

1125 Locust
Kansas City, MO 64106
kcphs@kcpd.org

APPLICATION FOR MEMBERSHIP

ACTIVE EMPLOYEES	
(select one) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Auxiliary Services <input type="checkbox"/> Law Enforcement Volunteer <input type="checkbox"/> Commissioner <input type="checkbox"/> Chaplain	<input type="checkbox"/> Individual Member (\$24) Annually <input type="checkbox"/> Individual + 1 (\$36) Annually <input type="checkbox"/> Family Membership (\$48) Annually

RETIRED EMPLOYEES	
(select one) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Commissioner <input type="checkbox"/> Chaplain	<input type="checkbox"/> Individual Member (\$12) Annually <input type="checkbox"/> Individual + 1 (\$18) Annually <input type="checkbox"/> Family Membership (\$24) Annually

ASSOCIATE MEMBERSHIP	
	<input type="checkbox"/> Individual Member (\$24) Annually <input type="checkbox"/> Individual + 1 (\$36) Annually <input type="checkbox"/> Family Membership (\$48) Annually

Membership applications can take 4 – 6 weeks to process and your welcome packet will be mailed after processing. Please write legibly when completing this form, and ensure all applicable areas are filled in.

Send completed application and payment (checks made payable to "KCPHS") to:

by Interdepartment Mail:

Sgt. Dustin Scherer
KCI Airport Division

by US Post office:

KCPHS
1125 Locust
Kansas City, MO 64106



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Is this an application for a New Membership , or are you renewing your membership ?

MEMBER INFORMATION	
Name _____	Address _____
Date of Birth _____	City/State/Zip _____
E-Mail Address _____	Serial Number _____
Phone Number _____	Unit of Assignment _____
<input type="checkbox"/> I am willing to help the mission of the Historical Society by volunteering my time when needed.	
<input type="checkbox"/> I wish to be on the e-mail list.	

ADDITIONAL MEMBERS INFORMATION	
Name _____	Name _____
Date of Birth _____	Date of Birth _____
E-Mail Address _____	E-Mail Address _____
Phone Number _____	Phone Number _____
<input type="checkbox"/> I am willing to help the mission of the Historical Society by volunteering my time when needed.	<input type="checkbox"/> I am willing to help the mission of the Historical Society by volunteering my time when needed.
<input type="checkbox"/> I wish to be on the e-mail list.	<input type="checkbox"/> I wish to be on the e-mail list.
Name _____	Name _____
Date of Birth _____	Date of Birth _____
E-Mail Address _____	E-Mail Address _____
Phone Number _____	Phone Number _____
<input type="checkbox"/> I am willing to help the mission of the Historical Society by volunteering my time when needed.	<input type="checkbox"/> I am willing to help the mission of the Historical Society by volunteering my time when needed.
<input type="checkbox"/> I wish to be on the e-mail list.	<input type="checkbox"/> I wish to be on the e-mail list.

BOARD USE ONLY		
Date received _____	Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing date: _____
Received by _____	Payment by <input type="checkbox"/> Check <input type="checkbox"/> Cash	