



KANSAS CITY POLICE HISTORICAL SOCIETY

Preserving the past, protecting the future

1125 Locust
Kansas City, MO 64106
(816) 875-6075
kcphs@kcpd.org

APPLICATION FOR MEMBERSHIP

ACTIVE/ASSOCIATE MEMBERSHIP EMPLOYEES

(select one)

- ☐ Law Enforcement
- ☐ Civilian Employee
- ☐ Auxiliary Services
- ☐ Commissioner
- ☐ Chaplain
- ☐ Associate Member

- ☐ Individual Member (\$24) Annually
- ☐ Individual + 1 (\$36) Annually
- ☐ Family Membership (\$48) Annually *(limited to persons at the same address)*

See 2nd page for +1 and Family membership

RETIRED KCPD EMPLOYEES

(select one)

- ☐ Law Enforcement
- ☐ Civilian Employee
- ☐ Commissioner

- ☐ Individual Member (\$12) Annually
- ☐ Individual + 1 (\$18) Annually
- ☐ Family Membership (\$24) Annually *(limited to persons at the same address)*

See 2nd page for +1 and Family membership

Is this application for a New Membership ☐, or are you renewing your membership ☐.

MEMBER INFORMATION

Name					
Date of Birth					
Address					
City		State		Zip	
Serial Number		Unit of Assignment			
Phone Number		E-Mail Address			
<input type="checkbox"/> I wish to be on the e-mail list. <input type="checkbox"/> I am willing to be a volunteer					

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

by Inter-Department Mail: Kansas City Police Historical Society

by US Post office: Kansas City Police Historical Society
1125 Locust
Kansas City, MO 64106

Please allow 4 – 6 weeks for processing.

BOARD USE ONLY Date received Payment ☐ Yes ☐ No ☐ Check ☐ Cash

Received by

Mailing date:

The Kansas City Police Historical Society is a registered 501(c)(3) non-profit organization

MEMBER INFORMATION					
Name					
Date of Birth					
Address					
City		State		Zip	
Serial Number		Unit of Assignment			
Phone Number		E-Mail Address			
<input type="checkbox"/> I wish to be on the e-mail list. <input type="checkbox"/> I am willing to be a volunteer					

MEMBER INFORMATION					
Name					
Date of Birth					
Address					
City		State		Zip	
Serial Number		Unit of Assignment			
Phone Number		E-Mail Address			
<input type="checkbox"/> I wish to be on the e-mail list. <input type="checkbox"/> I am willing to be a volunteer					

MEMBER INFORMATION					
Name					
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