

**MISSISSIPPI TACTICAL OFFICERS ASSOCIATION
INDIVIDUAL MEMBERSHIP APPLICATION**

DATE _____

NAME _____
(Last) (First)

RANK _____

AGENCY NAME _____

AGENCY ADDRESS _____
(Street/P.O. Box) (City) (State) (Zip)

AGENCY PHONE _____

ASSIGNMENT/SPECIAL DUTIES/TRAINING CERTIFICATIONS:

HOME ADDRESS _____
(Street/P.O. Box) (City) (State) (Zip)

HOME PHONE/CELL PHONE _____

EMAIL ADDRESS _____

METHOD OF PAYMENT: cash _____ check enclosed _____ P.O. #: _____

***DUES ARE \$15.00 PER YEAR PAYABLE TO THE MS TACTICAL OFFICERS' ASSOC. THE MEMBERSHIP YEAR RUNS FROM OCTOBER to OCTOBER.**

MAIL TO:

MTOA

Wayne Perkins

1046 Church Rd W # 106-221

Southaven, MS 38671