



Tarrant County Blue

P.O. Box 1659
Fort Worth, TX 76101
817-303-5911

APPLICATION FOR MEMBERSHIP

NAME: _____

(Please print) (Only one name per application)

BUSINESS NAME: _____

(Applies to Business Membership – must also be in a person's name)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

ARE YOU CURRENTLY A MEMBER? YES _____ NO _____

PLEASE MARK YOUR MEMBERSHIP CHOICE

_____ Regular Membership: \$100.00 paid annually

_____ Life Membership: \$1,000.00 single payment

_____ Life Membership – Installment - \$250.00 per year for 4 consecutive years
(Total \$1,000.00)

_____ Business Membership: \$150.00 paid annually

_____ Business Life Membership: \$1,500.00 single payment

Please return the completed and signed application with your check (made payable to COPS) to the address listed above.

To charge membership: type of card: _____ (MC or Visa)

Card number: _____ Expiration Date: _____

Signature for credit card authorization

I _____, as a member of TCB, promise to pay \$100.00 in the event of a death of any member of a Tarrant County law enforcement agency while in the line of duty. 100% of these proceeds will go to the survivors of that fallen officer.

Signature