



INTERNATIONAL SOCIETY OF POLICE SURGEONS



308 Maloney Road
Wappingers Falls, N.Y. 12590
Phone 845-849-2751 info@isps1.org

MEMBERSHIP RENEWAL

All applications must be neatly printed or typewritten and include payment by a check payable to **INTERNATIONAL SOCIETY OF POLICE SURGEONS** or use PayPal.com for the appropriate membership fee.

Please enclose *a color passport size photo and a photocopy of Current Professional License

Name _____ Degree _____ Office Phone _____ Fax _____

Office Address _____

City _____ State _____ Zip _____

Home Address(Mailing) _____

City _____ State _____ Zip _____

E-Mail _____ Home Phone _____ Fax _____

I am applying for membership as a: Member: \$150 Life Member: \$1500 Associate Member: \$325

Height _____ Weight _____ Hair Color _____ Eye Color _____ Shield # _____

I certify that the above information is true and correct and I acknowledge that credentials are the property of the ISPS:

Signature of Applicant _____ Date _____

Payment must accompany this application. Payment plans are available for life membership only. For payment plan, a minimum of \$150.00 or more down payment must be made and the balance paid in monthly payments automatically charged to your credit card using PayPal.com. Certificates will be issued upon full payment. Annual membership renewal dues are \$150.00. As an additional convenience, to insure uninterrupted membership, annual dues can be automatically applied to your credit card using PayPal.com.

Charge to Check Money Order PayPal

Paid in Full Please accept \$ _____ as down payment for life membership and charge \$ _____ per month until balance is paid in full.

*A photo is not necessary if you have sent in one from 2006 forward.
If sending a photo please put your name on the back with a soft tip pen.
You may send a passport size photo as a jpeg file