

**Ohio Police Combat Pistol Association
2008 Membership Application**

Name: _____
Last First M.I.

Address: _____
Street

City State Zip Code

Phone: _____ Date of Birth: _____

Dept Name: _____
Address: _____

City State Zip Code

Phone: () _____ E-Mail: _____

NRA Classification (if any): _____

- ☐ Full Member \$30.00
☐ Full Member (Retired) \$20.00
☐ Civilian Member \$30.00

Please enter the last four digits of your SSN#:

This will be your OPCPA ID Number.

- ☐ I have a Gov 20 Plaque Number of year spaces remaining _____
☐ I have a Gov 15 Plaque Number of year spaces remaining _____

Law Enforcement/Security

I certify that the above is correct to the best of my knowledge, that I am a retired police officer or a police officer as defined in the latest NRA Police Pistol Combat Rule Book, and that I will uphold the bylaws of the Ohio Police Combat Pistol Association.

Signature: _____ Date: _____

Civilian

I certify that the above is correct to the best of my knowledge.

Signature: _____ Date: _____

Sponsor's Signature (first year shooters only) _____ Date: _____

Make Check Payable to "OPCPA" and mail with application to: Dennis Lee
P.O. Box 20041
Canton OH 44701-0041