



# INTERNATIONAL SOCIETY OF POLICE SURGEONS



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

## MEMBERSHIP APPLICATION

All applications must be NEATLY printed or typewritten and include payment by PayPal.Com or a check payable to **INTERNATIONAL SOCIETY OF POLICE SURGEONS**.

**Please enclose a color passport size photo and a photocopy of Current Professional License, Drivers License and brief Curriculum Vitae or Resume**

Name \_\_\_\_\_ Degree \_\_\_\_\_ Office Phone \_\_\_\_\_

Fax \_\_\_\_\_ Specialty \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (for mailing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

I am applying for membership as an:  Member: \$375  Life Member: \$1500  Associate Member: \$325

Medical School or University Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Highest Degree Received \_\_\_\_\_

Other Related Memberships and Affiliations: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

I certify that the above information is true and correct:

I understand that credentials, wallets and shields are the property of the ISPS.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Payment must accompany this application. Payment plans are available for life membership only. For a payment plan, a minimum of \$375.00 or more down payment must be made and the balance, \$125.00 paid in 9 monthly payments. Certificates will be issued upon full payment. Annual membership renewal dues are \$150.00

Charge to:  PayPal.com  Check  Money Order

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

Application Approval:  Admission Committee  Chief Surgeon