C.O.P.S. LOCAL 911

MEMBERSHIP UPDATE FORM

**COPS MEMBERS** – Please utilize this form to UPDATE your address, email, phone contact, employer etc. Return to email [**ADMIN@copsweb.org**](mailto:ADMIN@copsweb.org)or fax (713) 802-0517 or regular mail.

|  |  |
| --- | --- |
| **MEMBER’S NAME** |  |
| **FULL ADDRESS** |  |
| **CELL PHONE #** |  |
| **EMAIL** |  |
| **EMPLOYER** |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coalition Of Police & Sheriff’s Inc.

C.O.P.S. LOCAL 911

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