



# 2007 Association of SWAT Personnel - Wisconsin APPLICATION FOR MEMBERSHIP & MEMBERSHIP RENEWAL FORM

*One form per person. This form must be duplicated. Please print clearly.*

Date \_\_\_\_\_

Name \_\_\_\_\_ Rank \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

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

Agency Phone (\_\_\_\_) \_\_\_\_\_

Position on Team:

\_\_\_\_\_ SWAT Team Leader      \_\_\_\_\_ SWAT Team Member

\_\_\_\_\_ Hostage Negotiator      \_\_\_\_\_ CERT/ERU

Where did you receive your training? \_\_\_\_\_

\_\_\_\_\_

How long have you been on the SWAT Team? \_\_\_\_\_

Any additional information you wish to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return application form with \$25.00 fee for membership dues (check payable to ASP-W) to:

**Association of SWAT Personnel - Wisconsin  
PO Box 510938  
Milwaukee, WI 53203**