



MEMBERSHIP APPLICATION CREDENTIAL VERIFICATION FORM

(Note: If this is for a Team Membership Please fill out this verification form for EACH member of your Team)

First Name: _____

Last Name: _____

Agency/Unit: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

**ATTACH PHOTOCOPY
OF POLICE/OFFICE ID HERE:**

- | | |
|---|--|
| <input type="checkbox"/> Swat | <input type="checkbox"/> Tactical Patrol |
| <input type="checkbox"/> Negotiator | <input type="checkbox"/> Tactical EMS |
| <input type="checkbox"/> K-9 | <input type="checkbox"/> Air Unit |
| <input type="checkbox"/> EOD | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Military (Unit): _____ | |

MAIL THIS FORM, WITH ATTACHED PHOTOCOPY OF POLICE/OFFICIAL ID TO:

MTOA
PO Box 74384
Romulus, MI 48174