

RESPONSE FORM AND MEMBERSHIP APPLICATION

Firearms Safety Badge

American Federation of Police & Concerned Citizens

6350 Horizon Dr. • Titusville, FL 32780 • 321-264-0911

www.aphf.org • policeinfo@aphf.org



Shield Request:

I wish to order a concealed weapons identification shield. I understand that its purpose is to identify me as a duly licensed concealed weapons permit holder and in no way infers police powers.

Your Concealed Weapons License No. _____

As shown on your Florida Concealed Weapons License. If possible enclose a photocopy.

I understand that the cost listed **includes** membership for a **full year** in the **AFP&CC**, a non-profit educational organization. That funds raised will be used to promote **firearms safety** programs and exhibits.

☐ No, I do not wish to purchase the shield and membership at this time, but send me **FREE** information on your new state-of-the-art indoor gun range.

PRICE
\$75

Gold Tone Badge
Multi-Color Seal
Includes Wallet for ID
plus

* 1 Year Membership in the
American Federation of Police & Concerned Citizens



TOTAL **\$75.00**

State tax and shipping included

Includes: * Membership card will be sent with car emblem; subscription to POLICE TIMES, admission to the American Police Hall of Fame and Museum, gun range discounts, support of training programs and educational materials.

I also understand that the shield takes 30 days for delivery.

Please fill out the membership application below:

1. Never mail cash

Date _____

2. Make checks payable to: **AFP&CC**

3. Mail in envelope enclosed
or to address above.

Your Signature _____

Who Makes Up our 100,000 Plus Members?

- ★ Local Police
- ★ Sheriffs and Deputy Sheriffs
- ★ State Police and
State Enforcement Officers
- ★ Federal Agents, Federal Police Officers
- ★ Security Officers
- ★ Reserve Auxiliary Police
- ★ Concerned Citizens
- ★ Crime Watch Volunteers
- ★ Firearms Enthusiasts
- ★ Supporters of the Second Amendment
and Strong Civil Defense of our Nation

Join Today!

AMERICAN FEDERATION OF POLICE & CONCERNED CITIZENS Application for Membership

☐ NEW ☐ RENEWAL

Please Print or Type:

Full Name _____ Rank (If Any) _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip _____

Occupation: _____ Phone () _____

Date of Birth _____ Beneficiary _____

OATH: I hereby apply for AFP&CC membership. I support the educational work of AFP&CC to foster civil preparedness of our nation in the field of public safety.

Allow 30 days to process.

Signature _____

METHOD OF PAYMENT

- ☐ Visa ☐ MasterCard
☐ Money Order ☐ Check

NO C.O.D.s please

Signature _____

Exp. Date

____/____/____

Return this entire page in enclosed envelope

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