



**Association of SWAT Personnel – Wisconsin  
APPLICATION FOR MEMBERSHIP  
& MEMBERSHIP RENEWAL FORM**

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

Date \_\_\_\_\_ Membership type: Renewal \_\_\_\_\_ New \_\_\_\_\_

Name \_\_\_\_\_

Rank \_\_\_\_\_

Agency \_\_\_\_\_

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

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

Agency Phone (\_\_\_\_) \_\_\_\_\_ Your E-Mail address \_\_\_\_\_

Position on team \_\_\_\_\_ Team affiliation if multi-jurisdictional \_\_\_\_\_

\_\_\_\_ SWAT Team Member \_\_\_\_\_ SWAT Team Leader \_\_\_\_\_ K9 \_\_\_\_\_ TEMS

\_\_\_\_ Corrections \_\_\_\_\_ Hostage Negotiator \_\_\_\_\_ CERT/ERU \_\_\_\_\_ Patrol

\_\_\_\_ Homeland Security \_\_\_\_\_ Other Special Duty \_\_\_\_\_ Campus Police

\_\_\_\_ Active/Reserve Military \_\_\_\_\_ Command/Staff/Supervisor

Referred by ASP member? \_\_\_\_\_ Name? \_\_\_\_\_

Name of Agency contact to verify employment \_\_\_\_\_

**Please include a photocopy of your credentials/Department ID with your application**

*Return application form with \$25.00 fee for membership dues (check Payable to ASP-WI) to:*

**Association of SWAT Personnel – Wisconsin  
PO Box 371367  
Milwaukee, WI 53237-2467  
www.aspwi.org**