

MASSACHUSETTS MUNICIPAL POLICE COALITION

MEMBERSHIP INFORMATION

Name of Organization _____

Address _____

Phone / Fax _____

UNION CONTACT INFORMATION

President	_____	Vice President	_____
Phone	_____	Phone	_____
e-mail	_____	e-mail	_____

Secretary	_____	Treasurer	_____
Phone	_____	Phone	_____
e-mail	_____	e-mail	_____

Current total number of membership _____

Current Contract on File? Yes ___ No ___

Chief of Department _____

Appointing Authority _____

State Senator(s) _____

State Representatives _____
