



**The World Border Organization - BORDERPOL®
Exploratory Committee
Interim Membership Application**

Last Name:		Given Name(s):	
Title/Rank/Position:		Force/Organization/Department/Agency:	
<i>Attach a passport sized photograph here</i>	Business Address, Line 1:		
	Business Address, Line 2:		
	Business Address, Line 3:		
	City:		
	Country:		
	Postal Code:		
	Business Telephone:		()
	Cellular Telephone:		()
Facsimile:		()	
Date of appointment to current office:		Email Address:	

Please return the completed form to:
The Secretariat, WBO-BORDERPOL
80 Fieldrow Street
Ottawa, Ontario
Canada K2G 2Y9
+1.509.278.1660

Date of appointment to current office:

Brief outline of present responsibilities and jurisdictions: _____

Signature:	Name/Position:	Date: