



**The World Border Organization - BORDERPOL®**  
**Technical Committee**  
**Membership Application (Law Enforcement)**

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: (    )			
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:

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Brief outline of present responsibilities and jurisdictions: \_\_\_\_\_

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Signature:	Name/Position:	Date:
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