



## Member Interest Form

*Please fill out ALL fields*

Last Name

First Name

Initial

Address

City

State

ZIP

Home Phone

Other / Mobile

e-mail

SSN  (123-45-6789)

DOB  (MM/DD/YYYY)

Driver's License #

Are you a US citizen?  Yes  No

Have you ever been arrested?  Yes  No

Health  Good  Fair  Poor

**To submit a completed form:**

1) If you have access to e-mail, click the "Submit Form" button below

- OR -

2) Print and mail or hand-deliver to:

Maplewood Police Department  
Attn: Police Auxiliary  
1618 Springfield Avenue  
Maplewood, NJ 07040

**Thank you for your interest in the Maplewood Police Auxiliary**