

PUBLIC SAFETY EMPLOYEES ASSOCIATION

KETCHIKAN POLICE DEPARTMENT REGISTRATION FORM

NAME: _____

DATE OF BIRTH: _____

DATE OF EMPLOYMENT: _____

POSITION: _____

DUTY STATION/SHIFT: _____

HOME ADDRESS: _____

HOME PHONE: _____

PERSONAL E-MAIL
ADDRESS: _____

DATE

SIGNATURE

PLEASE RETURN TO:

PUBLIC SAFETY EMPLOYEES ASSOCIATION
4300 BONIFACE PARKWAY, SUITE 116
ANCHORAGE, AK 99504-4387
Phone: (907) 337-1979 Fax: (907) 337-1753 Toll Free: (888) 337-1979
Web: www.psea.net E-Mail: psea@psea.net

***Please update this information with PSEA whenever there is a change.*

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