

**INTERNATIONAL POLICE ASSOCIATION**

**Socio-Cultural Commission**

**PEN PAL APPLICATION FORM**

**DATE:** ………………………………………

**SECTION:** ……………………………………………… **IPA MEMBERSHIP NUMBER:** ………………………………………

**FIRST NAME:** …………………………………………… **SURNAME/FAMILY NAME:** ………………………………………..

**DATE OF BIRTH :** ………………………………………………………… **SEX**: …………………………………………………………

**RESIDING CITY:** ………………………………………… **EMAIL:** ………………………………………………………………………

**PHONE NUMBER:** …………………………………….. **MOBILE NUMBER:** …………………………………………………….

**DO YOU USE FACEBOOK:** **YES / NO**

**LANGUAGES SPOKEN: ENGLISH: YES/ NO FRENCH: YES / NO SPANISH: YES / NO GERMAN: YES / NO**

**OTHER:** ………………………………………………………………………………………………..

**WHAT COUNTRY/COUNTRIES WOULD YOU LIKE YOUR PEN PAL TO BE FROM:** …………………………….

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**HOBBIE**S**:** …………………………………………………………………………………………………………………………………………..

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**OTHER INFORMATION:** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………