

Application for Membership

Name _____ Title _____

Employed By _____

Business Address _____ City, State, Zip _____

Business Telephone (____) _____ Business Fax (____) _____

Business E-mail address _____ @ _____

Home Address _____ City, State, Zip _____

Home Telephone (____) _____ Home Fax (____) _____

Home E-mail address: _____ @ _____

Uniformed Officers Under your supervision: _____ Full Time _____ Part- Time _____

If none describe the nature of your employment: _____

Date appointed to your present position _____

Total years in law enforcement (if applicable): _____

Previous law enforcement agency positions held (if applicable) _____

Have you ever been convicted of a misdemeanor or felony? _____

If so, explain _____

Applicant recommended by (current member) _____

ACTIVE & ASSOCIATE MEMBERSHIP Application Fee and dues - \$50.00

- Application must be accompanied by the full amount of the first year's dues upon submission
- Active membership must join the Pennsylvania Chiefs of Police Association within one (1) year of becoming a member of the Central Penn Chiefs of Police Assn.

RETURN COMPLETED APPLICATION TO:
Central PA Chiefs of Police Association
C/O Chief Jack Brommer
Columbia Borough Police Department
308 Locust Street, Columbia PA 17512

I hereby make application for Active/Associate Membership to the Central Penn Chiefs of Police Association:

Signature: _____ Date _____