

LANCASTER COUNTY, PENNSYLVANIA CHIEFS OF POLICE ASSOCIATION

INCORPORATED 1975



APPLICATION FOR MEMBERSHIP

I hereby make application for ACTIVE membership in the Lancaster County Chiefs of Police Association.

NAME: _____ TITLE/RANK _____

DOB: _____ SS# _____

EMPLOYED BY: _____

EMPLOYEER'S ADDRESS: _____

BUSINESS PHONE: _____ HOME PH: _____

BUSINESS FAX: _____

E-MAIL ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (IF SO, EXPLAIN)

DESCRIBE YOUR DUTIES /NATURE OF YOUR EMPLOYMENT:

SIGNATURE OF APPLICANT:

_____ DATE _____

SIGNATURE OF MEMBER RECOMMENDING APPLICANT:

_____ DATE _____

APPROVED BY THE MEMBERSHIP COMMITTEE _____ YES _____ NO

DATE: _____

IF THE MEMBERSHIP IS NOT APPROVED STATE REASONS.

SIGNATURES OF MEMBERSHIP COMMITTEE

REV. 11/04