

Cuyahoga County Police Chiefs Association *Membership Application*

NAME _____ DOB _____
TITLE _____
RESIDENCE ADDRESS _____

RES. PHONE _____ SPOUSE'S NAME _____

APPLICATION FOR:

ACTIVE MEMBERSHIP (POLICE CHIEFS) \$200.00/yr

**LAW ENFORCEMENT ADMINISTRATOR
MEMBERSHIP \$125.00/yr**

ASSOCIATE MEMBERSHIP \$150.00/yr

Please do not send payment until your application is approved and you are invoiced.

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Complete all applicable information.

DEPARTMENT _____
AGENCY/COMPANY _____
ADDRESS _____

PHONE# _____ FAX# _____
EMAIL _____ CELL# _____
DATE APPOINTED TO DEPT. _____
DATE APPOINTED CHIEF _____
MUNICIPALITY POPULATION _____ SQ.MI. _____
NUMBER OF FULL TIME OFFICERS _____ P/T _____

I hereby make application for membership in the Cuyahoga County Police Chiefs
Association, Inc. and if accepted agree to support its Constitution and By-Laws.

SIGNATURE _____ DATE _____

RECOMMENDED BY _____