



NEW JERSEY LAW ENFORCEMENT COMMANDING OFFICERS ASSOCIATION

www.NJLECOA.org

MEMBERSHIP APPLICATION

Membership Type: Active Active Sub-Unit Retired Associate

Full Name: _____ Off-Duty Contact #: _____

Mailing Address: _____

E-Mail Address: _____

Institution/Sub-Unit: _____ Title: _____

Duty Contact #: _____ SS #: _____

Birth Date: _____ State Employment Seniority Date: _____ Promotion Date: _____

Name of Beneficiary: _____ Relationship: _____

Address of Beneficiary: _____

Please Enclose Proof of Dues (e.g., copy of dues-deduction card, pay stub, check, etc.): Yes No

Oath of Membership

I do herewith affirm, neither under duress nor any type of mental reservation whatsoever, that the information provided by me above is true to the best of my knowledge and that if accepted into full membership in this Association, I shall comply with its Constitution & Bylaws, duly enacted motions, and valid orders. Furthermore, if my membership should be revoked or discontinued for any dishonorable cause (honorable retirement and promotion excluded, of course, for example), I do hereby agree to return to this Association my membership card(s) or any other material belonging to or bearing the insignia of this Association. I further understand that the payment of properly assessed dues and the maintenance thereof shall be a requisite for good standing in this Association.

Date: _____ Signature: _____

Do Not Write Below This Line

Secretary's Notes

Review Date: _____ Date Presented for Acceptance: _____

Accepted: Tabled: Rejected: COMMENTS: _____
