



Member #

NEW JERSEY LAW ENFORCEMENT COMMANDING OFFICER'S ASSOCIATION

MEMBERSHIP APPLICATION

WWW.NJLECOA.ORG

MEMBERSHIP TYPE: ACTIVE: RETIRED: ASSOCIATE: HONORARY: DATE:

Full Name:

Cell Phone #:

Personal Email:

Title:

Cell Provider:

Date of Birth:

SSN:

On Duty Contact #:

Current address:

County:

City:

State:

ZIP Code:

Institution/Sub-Unit:

Promo Date:

State Seniority Date:

Primary Beneficiary:

Relationship:

Address of Beneficiary:

Contact #:

Secondary Beneficiary:

Relationship:

Address of Beneficiary:

Contact #:

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 Accepted:

Accepted:

Tabled:

Rejected:

MOTION TO ACCEPT:

2ND