



NEW JERSEY LAW ENFORCEMENT COMMANDING OFFICER'S ASSOCIATION

MEMBERSHIP APPLICATION

WWW.NJLECOA.ORG

MEMBERSHIP TYPE: ACTIVE: <input type="checkbox"/> ACTIVE SUB UNIT: <input type="checkbox"/> RETIRED: <input type="checkbox"/> ASSOCIATE: <input type="checkbox"/>		
Full Name: Click or tap here to enter text.		Off Duty Contact #: Click or tap here to enter text.
Personal Email: Click or tap here to enter text.		Cell Carrier: Click or tap here to enter text.
Date of Birth: Click or tap here to enter text.	SSN: Click or tap here to enter text.	On Duty Contact #: Click or tap here to enter text.
Current address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	ZIP Code: Click or tap here to enter text.
Institution/Sub-Unit: Click or tap here to enter text.	Promo Date: Click or tap here to enter text.	State Seniority Date: Click or tap here to enter text.
Name of Beneficiary: Click or tap here to enter text.		Relationship: Click or tap here to enter text.
Address of Beneficiary: Click or tap here to enter text.		Beneficiary #: Click or tap here to enter text.
Please Enclose Proof of Dues (e.g., copy of dues-deduction card, pay stub, check, etc.): Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p align="center"><u>Oath of Membership</u></p> <p><i>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.</i></p>		
Date: Click or tap here to enter text.		Signature:

DO NOT WRITE BELOW THIS LINE

SECRETARY'S NOTES		
Review Date: Click or tap here to enter text.		Date Accepted: Click or tap here to enter text.
Accepted: <input type="checkbox"/>	Tabled: <input type="checkbox"/>	Rejected: <input type="checkbox"/>
MOTION TO ACCEPT: CLICK OR TAP HERE TO ENTER TEXT. 2ND CLICK OR TAP HERE TO ENTER TEXT.		