

Police Chiefs Association of Southeastern Pennsylvania, Inc.

APPLICATION FOR MEMBERSHIP

Website: www.southeastchiefs.org Date _____ 20____

To the Officers and Members of the Association:

I hereby make application for membership in the Police Chiefs Association of Southeastern Pennsylvania, Incorporated. Provided I am accepted, I pledge myself to support the aims, objectives and principles of the Association, and to attend all meetings when possible.

Kindly print or type

Name _____
Last First Initial

Residence address _____ Telephone _____
Number Street

_____ Town County State Zip Code

Name of Employer _____

Title or Rank _____

Address of Employer _____

_____ Telephone () _____
City Borough Township Zip Code Area Code

E-mail - Personal _____

E-mail - Employment _____

Website - Personal _____

Website - Employment _____ FAX () _____

Proposed by _____

Signature of applicant _____ D.O.B. _____

Next of Kin of Applicant _____

_____ Name Relationship

Type of Membership _____
ACTIVE ASSOCIATE

***MEMBERSHIP FEE MUST ACCOMPANY APPLICATION**
ACTIVE MEMBERS: FIFTY DOLLARS (\$50.00) PER YEAR
ASSOCIATE MEMBERS: FIFTY DOLLARS (\$50.00) PER YEAR

Make checks payable to:

Police Chiefs Association of Southeastern Pennsylvania, Inc.

Forward to: JOHN P. McDONNELL, SECRETARY

P.O. BOX 1711

1050 STREET ROAD

SOUTHAMPTON, PA 18966

Date of Approval _____ 20____

Please return copies