



Police Chiefs Association of Southeastern Pennsylvania, Incorporated

Organized to secure closer official and personal relationships among Law Enforcement officials

www.southeastchiefs.org

APPLICATION FOR MEMBERSHIP

Date: ____/____/____

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 meetings when possible.

Please print or type

Name: _____
Last First Initial

Home Address: _____
Number Street

City County State Zip Code

Personal Email: _____ Cell Phone: _____

Name of Employer: _____

Title or Rank: _____

Work Address: _____
Number Street

City County State Zip Code

Work Email: _____ Business Phone: _____

Sponsored By: _____ Membership Type: Active Associate Retired

Membership Fee Must Accompany Application

Active Members: Seventy Five Dollars (\$75.00) Per Year/Associate and Retired Members: Fifty Dollars (\$50.00) Per Year

Make Checks payable to: Police Chiefs Association of Southeastern Pennsylvania

Forward to: David M. Splain, Secretary
405 Golf View Road, Wallingford, PA 19086

Date Approved: ____/____/____

Secretary