



**APPLICATION FOR MEMBERSHIP
PALM BEACH COUNTY ASSOCIATION OF CHIEFS OF POLICE**

I wish to become a member of the Palm Beach County Association of Chiefs of Police, entitled to all the services and privileges regularly extended to members.

(Please type or print all information other than required signatures)

NAME: _____ TITLE: _____ DATE: _____

AGENCY: _____ WORK PH: _____ CELL: _____

ADDRESS: _____

EMAIL ADDRESS: _____

YRS OF SERVICE: _____ YRS AS CHIEF: _____

ANNUAL DUES:

EXECUTIVE MEMBERSHIP	\$250.00	___
ASSOCIATE MEMBERSHIP	\$250.00	___
HONORARY MEMBERSHIP	\$250.00	___

SPONSOR'S SIGNATURE

(Type/Print Name)

AGENCY: _____ TITLE: _____

MEMBERSHIP COMMITTEE

NAME

SIGNATURE

APPROVED FOR

___ EXECUTIVE MEMBERSHIP
___ ASSOCIATE MEMBERSHIP
___ HONORARY MEMBERSHIP

FIRST READING DATE: _____

SECOND READING AND VOTE DATE: _____