



**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 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF SERVICE: \_\_\_\_\_ LENGTH OF SERVICE AS A CHIEF: \_\_\_\_\_

E-MAIL ADDRESS:

ANNUAL DUES:		
ACTIVE MEMBERSHIP	\$225.00	<input type="checkbox"/>
ASSOCIATE MEMBERSHIP	\$225.00	<input type="checkbox"/>
HONORARY MEMBERSHIP	\$225.00	<input type="checkbox"/>
INITIATION FEE	\$ 75.00	<input type="checkbox"/>

SPONSOR'S SIGNATURE

\_\_\_\_\_

(Type/Print Name)

AGENCY: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME	MEMBERSHIP COMMITTEE	SIGNATURE
_____		_____
_____		_____
_____		_____

APPROVED FOR

- ACTIVE MEMBERSHIP
- ASSOCIATE MEMBERSHIP
- HONORARY MEMBERSHIP

PRESENTED - FIRST READING DATE: \_\_\_\_\_

PRESENTED - SECOND READING DATE: \_\_\_\_\_