



**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: _____