BEAUFORT COUNTY LAW ENFORCEMENT OFFICERS ASSOCIATION

P.O. Box 483, Washington NC, 27889

Application for Membership

(Please Print)

Name:			
Last	First	Middle	
Address:			
City:	County:	State:	Zip Code:
Phone #: ()	Email:		
Driver's License #:	State:	SSN:	
*If you have resided in Beaufo for that 5 year period. (Use at		5 years, please provide a	ll previous addresses
Place of Employment:			
Work Phone #: ()	ext. #:		
Are you a full-time certified La	w Enforcement Officer?	Reserve	Retired
Agency:		Division:	
Rank:	Total of servi	ce as a Law Enforcement	Officer?
Do you possess a valid "Carry of same with this application.	Concealed Weapon" permit	? If yes, ple	ase provide a copy of
Please list any special skills, abassociation.		e, or training that may be	e beneficial to the
Are you a past member of the	BCLEOA?Year	r:	
Are you a current or past mem	nber of the NRA? (If yes, ple	ease circle correct one) _	Year:
Have you ever been convicted imprisoned for 60 days or more			

Revised June 2015 continued

Applicant Signature:			Date:	
Sponsored by:				_
Phone #: ()	Work #: ()	ext.#:	_
Sponsor Signature:		Date:		
Applicant's Responsibilities:				
Membership dues are \$50 per year able to the Beaufort County Law Eship application.			• •	-
Members who attend at least two	(2) workdays will rece	ive a \$25 credi	it toward the following years due:	s.
The applicant's Certified Criminal licants may obtain their CCH at th fees. NOTE: Sworn Law Enforcem permit are exempt from this CCH	e Clerk of Court's Offic ent Officers and indivi	e. The applica duals possessi	nt is responsible for all associated ing a valid "Carry Concealed Weap	k
All completed applications, dues a Applicant must be present at mee			•	
	DO NOT WRITE BELO	W THIS LINE		
Date Received:	Received by:			_
Active Membership:	Associate Membership	: Ho	onorary Membership:	_
Approved: Denied:	Date:		_	
President's Signature:				_

Applicant hereby certifies that he/she is a United States citizen.