

**Hampton Roads Virginia Chapter
Of the
National Organization of Black Law Enforcement Executives
PO Box 5424
Newport News, Virginia 23605**

MEMBERSHIP APPLICATION

Applicant must be a member of NOBLE National to become a member of the Chapter

Name: _____

Private Email: _____ Bus. Email: _____

Hm. Address: _____ TEL: _____

City: _____ State: _____ Zip Code: _____

Department Name: _____ TEL : _____

Title _____ Rank _____

Bus. Address _____

City _____ State: _____ Zip Code: _____

PLEASE BRIEFLY DESCRIBE YOUR DEPARTMENT:

LIST SUPERVISORY LEVELS IN YOUR DEPARTMENT:

Signature of Applicant: _____ DATE _____

Signature of Sponsor: _____ DATE _____

Annual Dues: \$35.00 Make checks payable to: **NOBLE HRVA**

CHAPTER USE ONLY

DATE APPLICATION RECEIVED: _____

APPROVED: DENIED: UNRESOLVED:

Signature of Treasurer: _____ DATE _____

Signature of President: _____ DATE _____