



**National Organization of Black Law Enforcement Executives
Hampton Roads Virginia Chapter**

MEMBERSHIP APPLICATION

Name: _____

Home Address: _____

Postcode: _____

Home Telephone: _____

Mobile: _____

Department Name: _____

Position Title or Rank: _____

Business Address: _____

Postcode: _____

Business Telephone: _____

Fax: _____

Email: _____

Date of Birth: _____

Briefly describe your department

Signature: _____

Date: _____

Board Approval use

Proposed Member Nominated by: _____

DATE APPLICATION RECEIVED: _____

APPROVED:

DENIED:

UNRESOLVED:

Board Decision Date: _____

President Approval Signature: _____ Date: _____

Annual Dues: \$35.00 can be paid on chapter's website

Email: hrvanoble@gmail.com
www.hrvanoble.org