



**THE NATIONAL ORGANIZATION OF BLACK WOMEN  
IN LAW ENFORCEMENT, INC.**

**MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TEL#: \_\_\_\_\_ BUS TEL. #: \_\_\_\_\_ FAX# \_\_\_\_\_

DOB: \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

CURRENT ASSIGNMENT: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

**TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:**

- REGULAR MEMBERSHIP \$50
- ASSOCIATE MEMBERSHIP \$40
- CORPORATE SPONSOR \$200

ARE YOU RENEWING YOUR CURRENT MEMBERSHIP: \_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER AFFILIATIONS: \_\_\_\_\_

I WISH TO ASSIST WITH THE DUTIES OF THE COMMITTEE(S) CHECKED BELOW:

- MEMBERSHIP
- COMMUNITY SERVICE/ADOPTED SCHOOL
- PUBLICITY
- SOCIAL
- EDUCATION AND TRAINING

SPONSORED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Signature of Sponsor (Sponsor's signature required only if applying for Associate Membership)*

DATE OF APPLICATION: \_\_\_\_\_

Applications should be forwarded with money order or check to: The National Organization of Black Women in Law Enforcement, Inc., NOBWLE National, P. O. Box 14, Sunderland, MD 20689