

FULTON COUNTY SHERIFF'S ASSOCIATION

APPLICATION FOR MEMBERSHIP

APPLICANT'S NAME _____ D.O.B. _____
LAST, FIRST, M.I. MO/DD/YEAR AGE

ADDRESS _____ EMAIL: _____

PHONE # _____ DRIVERS LICENSE # _____
HOME CELL 9-DIGIT

ANNUAL DUES FEE: PLEASE AFFIX YOUR ANNUAL MEMBERSHIP CONTRIBUTION OF \$15.00 TO THIS APPLICATION. ACCEPTABLE FORMS OF PAYMENT INCLUDE CASH OR A CHECK PAYABLE TO THE FULTON COUNTY SHERIFF'S ASSN.

SPONSORING MEMBER'S NAME IF ANY: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN ON THE REVERSE SIDE YES NO
CIRCLE ONE

ARE YOU/WERE YOU A PEACE OR POLICE OFFICER? YES NO _____
CIRCLE ONE WHEN/WHERE

ARE YOU/WERE YOU IN THE MILITARY? YES NO BRANCH _____
CIRCLE ONE

PLEASE EXPLAIN WHY YOU WISH TO JOIN THE FULTON COUNTY SHERIFF'S ASSOCIATION:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT MAKING A FALSE WRITTEN STATEMENT IS PUNISHABLE AS A CLASS A MISDEMEANOR TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK. I HEREBY OFFER MY FULL CONSENT TO THE FULTON COUNTY SHERIFF'S OFFICE FOR A COMPLETE BACKGROUND INVESTIGATION TO BE CONDUCTED ON MY BEHALF.

APPLICANT'S SIGNATURE: _____ DATE: _____

*****ADMINISTRATIVE USE ONLY*****

APPROVAL OF THE SHERIFF _____
INITIAL

APPROVAL OF THE PRESIDENT _____
INITIAL

APPROVAL OF MEMBERSHIP YES NO
CIRCLE ONE

CERTIFICATION BY SECRETARY _____
INITIAL