



Rockland County
Hispanic Law Enforcement
Organization, Inc.



P.O. Box 213
 New City, NY 10956
 www.rchleo.org

Date: _____

Check # _____ Cash \$ _____

Receipt # _____

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APPLICATION FOR MEMBERSHIP

I, the undersigned, hereby apply for membership in the Rockland County Hispanic law Enforcement Organization, Inc. (A.K.A "R.C.H.L.E.O."). I supply the following personal information to be used by the organization, intending that the organization rely upon the truth of the information submitted. I, to be a member in "GOOD STANDING", donate the applicable "Yearly Dues" of \$35 USC via cash or check payable to "RCHLEO".

"Please, Type or Print legibly"

Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Fax: _____

E-mail: _____ Work E-mail: _____

Agency: _____ Rank: _____ Retirement Date: _____

Appointment Date: _____

Beneficiary Name: _____ Address: _____

Relationship to Applicant: _____ City: _____ State: _____

Contact Phone/Cell # _____

Ancestry: _____

If elected to membership, I agree to abide by and be governed by the present Constitution and By-Laws of the R.C.H.L.E.O., Inc and future amendments, modifications and changes thereof.