A-ONE Inc,

Association of Oklahoma Narcotics Enforcers, Inc

Membership Application

Last Name _____ **First Name** _____ **Middle Initial** _____

Date of Birth _____ **CLEET ID** _____ **Male** ☐ **Female** ☐

Social Security Number: _____

Shirt Size: ___ **Small** ___ **Medium** ___**Large** ___ **X-Large** ___ **2X-Large** ___ **3X-Large** ___ **4X-Large**

Check One

___ **Certified Law Enforcement Officer (Active)……. Agency** _____

___ **Retired Law Enforcement Officer…….. Agency** _____

___ **Prosecuting Attorney ……. Agency** _____

___ **Other (Agency & Details of Employment:**

Mailing Address _____ **City** _____

State _____ **Zip** _____ **Telephone** _____ **Fax** _____

Email _____

___ **New Member** **Region** ___ **I** ___ **II** ___ **III** ___ **IV** ___ **V**
___ **Renewal**
___ **Life Member**

Dues $35.00

METHOD OF PAYMENT
Cash $ ☐ **Check #**☐
Purchase Order from your department: Please list each person named on the purchase order. Include a phone number for each person listed as well as the name and phone number of the clerk issuing the purchase order. Each person listed must fill out a separate registration form.
Contact Person for Purchase Order:_____Phone #:_____
Email:_____
Credit Card:☐MASTERCARD ☐VISA
Credit Card #_____Name on Card:_____Expiration Date:_____

PayPal Users email address:_____Associated Name:_____

Email completed registration form to: okienarc@gmail.com
Mail registration form with cash or check payment to:
A-One, Inc. P.O. Box 722495 Norman, OK 73070

OR