



**NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES  
MEMBERSHIP APPLICATION – CENTRAL VIRGINIA CHAPTER**

*Applicant must be a member of NOBLE National to become a member of the Central Virginia Chapter*

Central Virginia Chapter

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address (Res): \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Address (Bus): \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency Contact /Number: \_\_\_\_\_ / \_\_\_\_\_

Title: \_\_\_\_\_ Rank: \_\_\_\_\_

Please briefly describe your command function:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List supervisory levels in your agency: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Sponsor

**CHAPTER USE ONLY**

Date Application Received: \_\_\_\_\_ Membership Status: \_\_\_\_\_

Approval: Granted: \_\_\_\_\_ Denied: \_\_\_\_\_ Unresolved: \_\_\_\_\_

Dues: Paid: \_\_\_\_\_ Unpaid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

MEMBERSHIP DUES-----\$45.00

**MAIL APPLICATION AND CHECK  
PAYABLE TO NOBLE CVC  
NOBLE – CENTRAL VIRGINIA CHAPTER  
POST OFFICE BOX 26851  
RICHMOND, VIRGINIA 23261-6851**

Central Virginia Chapter President    Colonel Eric English    noblecvc804@gmail.com