

	2025 Membership / Daily Use Appli	cation Form	
Name*:			
Mailing Add	ress*:		
Phone Numb	ers: Home: Work:		
*(One Required)			
e-mail*:	Cell: Fax:		
Agency*: Activ		e 🗆	
Retir		ed 🗆	
* Required Information. E-mail is optional, if you do not have one. All communications are done by email			
	Annual "Full Time LE Officer" dues are:	\$250.00	
	Annual "Honorary Member" dues are:	\$250.00	
	Annual "Retired LE Officer" dues:	\$ 70.00	
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Ц	Lifetime "Retirement LE Officer" dues are: \$500.00 (over 50 yrs. old) \$600.00 (under 50 yrs. old)		
	Daily Qualification Non-Member use	•	
Ц	Payment of daily use fee does not constitute members	*	
	i dymeni of daily use fee does not constitute member.	snip	
COPY OF ID CARD REQUIRED FOR ALL MEMBERSHIP APPLICANTS			
Application for membership or daily use, I agree by my signature below, I will comply with all rules specified by the SCPOA Board of Directors and the SCPOA By-Laws.			
Members Signature:		Date:	
SCPOA Board Member Signature:		Date:	
SCPOA Staff only.		Rev. 01/2025	
☐ Members e-mail added to list.		□ Members card mailed.	