



**COASTAL CAROLINA SHIELDS**  
**P.O. Box 1541,**  
**Murrells Inlet, South Carolina, 29576**  
**www.CoastalCarolinaShields.com**

Per our By-Laws: "Membership shall be open to any person who is a retired, sworn law enforcement officer who resides full or part time in North or South Carolina."

**Instructions:**

- Complete all applicable information
- Submit proof of retirement with application (Retired ID)
- Dues payable when application is submitted, \$25 annually plus a onetime initiation fee of \$5 = \$30

**PLEASE PRINT CAREFULLY**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

STREET

CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

AGENCY YOU RETRIED FROM: \_\_\_\_\_

(Please circle type of agency . . . Federal, State, County, Municipality)

ADDRESS OF AGENCY: \_\_\_\_\_

STREET

CITY STATE ZIP

YEARS OF SERVICE: \_\_\_\_\_ RANK AT RETIREMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Official use only:**

Dues Paid: \$ \_\_\_\_\_ (Cash – Check # \_\_\_\_\_) ID Verified By: \_\_\_\_\_

Membership card issued  ID presented Y/N Department/Agency/Documentation

Sponsored By \_\_\_\_\_

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