SCLEOA Membership Application

Mr. Mrs. Miss Ms.	First Name:	Middle Initial:	Last Name:	Suffix:

Informal "Nick" Name	Title/Rank

Employer/Agency

Preferred Mailing Address

City	State	ZIP Code

Work Phone	Home Phone

Fax Number	Mobile

SSN	Date of Birth: Month Day Year	Gender:

Email Address

Committee Interests:
Please circle all that Apply

Awards	Conference	Elections	Constitutions & Bylaws	Willoughby Fund
Golf	Memorial	Pistol Matches	Legislative Retirement	Strategic Planning
Softball	Scholarship	Nominating	Olympics & Power Lifting	Bass Tournament
Training	Membership	Finance	Legal Representation	

Payment Information

Circle Type: **VISA** **American Express** **MasterCard**

CVN:

(Last three security numbers on the back of the card - If Applicable)

Expiration Date: _____

Authorized Signature: _____

Check/Money Order Number: _____

Contribution to the Line of Duty Death Benefit Fund: $_____

_____ # of Extra Decals @ $2/Each: $_____

Dues Amount: $_____

(Active/Retired - $30 / Associate - $20)

TOTAL PAYMENT: $ _____