



New York State Association of Chiefs of Police, Inc.

2697 Hamburg Street-Schenectady, NY 12303
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Fax (518) 356-5767 e-mail NYSACOP2@nycap.rr.com

GENTLEMEN:

I HEREBY MAKE APPLICATION TO BECOME AN ASSOCIATE MEMBER OF YOUR ASSOCIATION. ENCLOSED PLEASE FIND MEMBERSHIP FEE OF ONE HUNDRED FIFTY DOLLARS (\$150) FOR FISCAL YEAR JANUARY 1, 20____

THROUGH DECEMBER 31, 20____.

My signature at the bottom of this application is my assurance that I will comply with all the By-Laws and Regulations of the Association.

DATE_____

NAME _____
LAST FIRST INITIAL

PLEASE CHECK PREFERRED MAILING ADDRESS.

O HOME ADDRESS_____ **ZIP CODE**_____

HOME PHONE _____ **AGE** ___ **YEARS AT THIS ADDRESS**_____

O BUSINESS ADDRESS_____ **ZIP CODE**_____

OFFICE PHONE_____ **TYPE OF BUSINESS** _____ **NO. OF YEARS WITH FIRM** _____

DATE OF BIRTH _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, EXPLAIN DETAILS ON SEPARATE SHEET.

I hereby agree that the Membership Committee shall have the right to make any inquiry necessary in the processing of this application.

(Signature of Applicant)

PROPOSED BY: _____ (Signature) _____ (Title)

ADDRESS _____

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ADDRESS _____

Note: Applicants must be proposed by an Active Member-Chief of Police, Inspector etc.

CREDIT CARD PAYMENT

If you wish to pay by credit card, please complete the following

Visa/Mastercard# _____ - _____ - _____ - _____ - **Exp. Date** ____/____

Cardholder's Name _____

Address _____ **City** _____ **State** _____

Billing Zip _____ **CVV2Code** _____ (3-digit code from the back of card)

Signature _____