** N.C. LAW ENFORCEMENT OFFICERS ASSOCIATION ** MEMBERSHIP APPLICATION

PO BOX 41368 | RALEIGH, NC 27629 | PHONE: 919-876-0687

Name:			·
Last	First	Middle	
Mailing Address:			
City	State ZIP	County	Agency Phone No.
Date of Birth:	Last four digits of SS No	o.: Driver's Li	cense No.:
Beneficiary:	Relation: _	Relation: Contact No.:	
Recruited by: Membership No.:		No.:	
Email Address:			
	* Check Appro	opriate Box *	
Law Enforcement Officer. (DO	C certified officers qualify for active	e membership)	rectional Officer, or Federal/Militar
Associate Membership:	I do not meet the above qualification	ons. I pledge to support th	e goals and objectives of NCLEOA.
of the following criteria (This c and currently receiving benefit enforcement agency and curre of disability was an active mer	ts from a federal, state or local gove	embership): a. Regularly refernment retirement programal, state local government represense as a	tired from a law enforcement agenc m; b. Medically retired from a law retirement program and at the time law enforcement officer with five
·	d in Law Enforcement as a reserve,		ent officer (please
complete department and title	e below). This qualifies you for ACTI	IVE membership.	
For Our Records: F	lave you ever previously been a me	mber of NCLEOA?	res 🗖 No
Signature	Title		Date
Departmen	t/Agency/Employer		
to the NCLEOA Journal). Plea January and June. New memb Future dues payment will be o	nse note: Your initial dues payment perships received between January a	will expire the upcoming and June will be valid thro	ough June 30 of the following year.
	Your NCLEOA Membership En	titles You To The Follow	wing:
_	m The N.C. General Assembly embers Serving On The N.C. Criminal	Enforcement Associ Two Training Confe	The President At The Law iation's Presidents Group (LEAP) rences Per Year (At Least One At The
** Note ** NCLEOA now	accepts credit cards! If you wo	ould like to pay thru pay	
	and an invoice will be forward		
Please check one: Pay by:	Check or Pay	pal	