Craven County Law Enforcement Officers Association, Inc.

Physical Address: 1895 Spring Garden Rd. PO Box 13258 New Bern, NC 28561-3258

Craven County

Application for Membership

(Please Print Clearly)

Name:			
Last	first		middle
Address:			
City:	County:	State:	Zip Code:
Phone: ()	h c E-n	mail Address:	
If you have resided in the period on a separate she	•	han 5 years, please provid	e all previous addresses for that 5 year
Gate Code (4 Digit Numb	oer You will Remember)		
Place of employment:			
Work telephone: (_)	ext #	
	ied law enforcement officer? Reserve: Re		
Agency:		Div	ision:
Rank:	Total years of serv	vice as a law enforcement	officer:
Please provide a copy of	your credentials:		
(CHP) MUST be attached		on. Applicants may obtain	(CRS), or a NC concealed carry permit their CCH at the Clerk of Court's Office es.
	e of the following certification CCH CRS	ns is attached.	
Are you a past member of	of CCLEOA? Yes / No Year:		

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Gate Code issued: _____

Have you ever been convicted or are currently pending charges of a felony or other serious misdemeanor or crime for which you could have been imprisoned for 60 days or more? Yes / No If yes, provide details on a separate sheet.			
List any skills you have that would be useful at the range (carpentry, electrical, small engine repair, grass cutting, etc.)			
Applicant hereby certifies that he/she is in the United States legally.			
Applicant's signature: Date:			
Applicant's responsibilities			
Initial membership fee is \$75.00 for Sworn or honorably retired officers. \$150.00 for Associate Membership payable to Craven County Law Enforcement Officers Association (CCLEOA). A "Hold Harmless" agreement and one of the above listed background checks MUST accompany this membership application. All subsequent dues are payable before January 1st of each year. Members failing to renew by January 1st will be charged the new member fee. Applicant must attend the meeting when they are proposed for membership and must attend our Range Safety Course prior to being issued a membership card or having facility privileges. Renewal fees are \$50 for Sworn or honorably retired officers. \$125.00 for Associate Members.			
All completed applications, dues and attachments MUST be submitted to the Association's membership chair.			
DO NOT WRITE BELOW THIS LINE			
Sworn Membership: Associate Membership:			
Date Application Received:			
Date Approved: Date Denied/Reason:			
President or Vice President's Signature:			
Date Range Safety Class held:			
Instructor:			