

NEW HANOVER COUNTY LAW ENFORCEMENT OFFICERS ASSOCIATION

P.O. Box 7501 Wilmington NC 28406



MEMBERSHIP RENEWAL FORM

All Blanks Must Be Filled In LEGIBLY

Name:			///
(Last)	(Jr/Sr)	(First)	(MI) (DOB)
Nickname	Key #	Card #	
Address:			
City, State, Zip:			
Phones:(Home)	(0.11)		
(Home)	(Cell)	(E-Mail)	
Concealed Carry Permit	Number	Expirati	ion Date
Current Employer:		Position: _	
Preferred Committee (s)	: (Please Check)		
Kitchen: Range:	Building: Grounds	: Activities: _	Membership:
	VISIT YOUR ASSOCI	ATION WEB SIT	TE.
		TO 1 CO 16	
	<u>WWW.NHCL</u>	<u>EOA.COM</u>	
to attend general meeting of continued membership. submit a Waiver Request i	s and perform at least (2) to least (2) to least (2) to least (2) to meet the least of December 2 of the Board of December 2 of my Range Privileges and	wo approved work attendance or wo birectors. I am awa illfull violation of the / or my Membership	By Laws of the Association and days per year as a condition rk day requirements, I must re that duplicating or loaning Range Regulations or Safety I have received, read,
Signature:		Date:	
Dues: \$25.00	Assessments:		Total:
ADMINI	STRATIVE USE ONLY:	Do Not Write in	this Section
Membership Type: Acti	ve() Associate() Spe	cial () Other	
Total Received:	Date Rec:	Rec &	ż Approved By: