PO Box 7501 ● Wilmington, NC 28406

Assessment Appeal

Name _____

Status: ☐ Active ☐ Associate ☐ Special

Please consider the following statement regarding my membership in the NHCLEOA:

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I understand that my appeal will be brought before the NHCLEOA Board of Directors Membership Committee, and that their decision is final.

ALL appeals must be submitted on or before _____

S/_____

Reviewed by: _____ Date _____ Action _____