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) (Cell) (E-Mail)

Concealed Carry Permit Number_____**Expiration Date** _____

Current Employer: _____ ***Position:*** _____

Preferred Committee (s): (Please Check)

Kitchen: ___ Range: ___ Building: ___ Grounds: ___ Activities: ___ Membership: ___

VISIT YOUR ASSOCIATION WEB SITE

WWW.NHCLEOA.COM

As a member of the NHCLEOA I agree to abide by the Constitution and By Laws of the Association and to attend general meetings and perform at least (2) two approved work days per year as a condition of continued membership. If I am unable to meet the attendance or work day requirements, I must submit a Waiver Request in writing to the Board of Directors. I am aware that duplicating or loaning my KEY or MEMBERSHIP / RANGE ACCESS CARD or willfull violation of the Range Regulations or Safety Rules may result in the loss of my Range Privileges and / or my Membership. I have received, read, understand and will comply the Range Regulations and Safety Rules

Signature: _____ ***Date:*** _____

Dues: $50.00 **Assessments:** _____ **Total:** $50.00

ADMINISTRATIVE USE ONLY: Do Not Write in this Section

Membership Type: **Active** ( ) **Associate** ( ) **Special** ( ) **Other**_____

Total Received: _____ Date Rec: _____ Rec & Approved By: _____

App. 10/2020 voids all prior versions