



# Southeastern Massachusetts Police Chiefs Association, Inc.

Professional Public Safety Collaboration

## Application for Membership

Print or type \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Department or Company \_\_\_\_\_

Email Address \_\_\_\_\_

**New Members will receive information by E-Mail.**

No Postal Mailing unless absolutely necessary.

Telephone# \_\_\_\_\_

Fax # \_\_\_\_\_

Cell # \_\_\_\_\_

Home # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### Membership Fee to Accompany This Application

Active Member \$100.00 Associate Member \$35.00

We will bill new chiefs once they are voted members.

I certify that the above applicant is known by me to be of good moral character.

Chief \_\_\_\_\_

Signature of Sponsoring Police Chief \_\_\_\_\_ City or Town \_\_\_\_\_

Date First Reading \_\_\_\_\_ Chiefs Only

Date Second Reading \_\_\_\_\_ Two Readings for Associates

All Chiefs: Please write a brief work history with ranks and dates on the reverse side, or attach a resume.

