

Membership / Daily Use Application Form

Name*:	Triemoersing / Bany eseri	
inaille".		
Mailing Addr	ess*:	
Phone Numbers: Home: Work:		
*(One Requir		
e-mail*:	Cell: Fax:	
- IIIwii .		
Agency*:		Active □
		Retired □
* Require	ed Information. E-mail is optional, if you do not have one. A	All normal communications are done by email
	Annual "Full Time LE Officer" dues are	: \$168.00
	Annual "Honorary Member" dues are:	\$168.00
	Annual "Retired LE Officer" dues:	\$ 70.00
	Lifetime "Retirement LE Officer" dues a	
		\$600.00 under 50 years
	Daily use fee / Non-Member qualificatio Payment of daily use fee does not constitute membership	3
	COPY OF ID CARD REQUIRED FOR	R ALL APPLICANTS
Mail v	your completed form and membership pays	
□ Please cc:		
Applicatio	n for membership or daily use, I agree by	signature below, I will comply with
	rules specified by the SCPOA Board of D	
	, , , , , , , , , , , , , , , , , , ,	•
Members Sign	nature:	Date:
SCPOA		Date:
Board Membe	er Signature:	
SCPOA Staff only.		Eff. 01/2019
501	On Suit Only.	Lii. 01/2019
	Members e-mail added to list. □ M	embers card mailed.