



ROCKINGHAM COUNTY

LAW ENFORCEMENT OFFICERS ASSOCIATION

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

LAW ENFORCEMENT INFORMATION

LAW ENFORCEMENT AGENCY AFFILIATION _____

AGENCY ADDRESS _____ PO BOX _____

CITY _____ STATE _____ ZIP CODE _____

YOUR OFFICER TYPE: LAW ENFORCEMENT DEPUTY SHERIFF OTHER

YOUR RANK _____

“ENTERED ON DUTY” DATE: _____

MEMBERSHIP

MEMBERSHIP SELECTION: ACTIVE (\$10 ANNUALLY) ASSOCIATE (\$15 ANNUALLY)

MEMBERSHIP STATUS: NEW MEMBER RENEWAL

PLEASE MAKE CHECKS PAYABLE TO RCLEOA. MAIL COMPLETED APPLICATION AND PAYMENT TO:
RCLEOA PO BOX 361 HAMPTON, NH 03843-0361

APPLICANT'S SIGNATURE _____ DATE _____