

# North Carolina Law Enforcement Training Officers Association

**PO Box 1156  
Sharpsburg, NC 27878**

## *Membership Application*

Please **PRINT** or **TYPE** legible all the requested information below. Place an "X" in the appropriate box "[ ]" to indicate your preferred mailing address. Attach your membership dues to the application and mail to the above address. Upon receipt of your application and membership dues, you will be placed on the Association Membership Directory, as well as our email list and a membership card will be forwarded to you. Membership runs from Sept. 1 – Aug. 31 each year.

FULL NAME: \_\_\_\_\_

PREFERRED FIRST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

**\*\*please indicate your preferred address for mailings. Your agency address will be published in the directory.**

[ ] AGENCY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

[ ] HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### *Certifications*

Please indicate the certifications you currently hold:

- |  |  |
|--|--|
| [ ] School Director  | [ ] General Instructor                                   |
| [ ] Specialized Firearms Instructor                          | [ ] Hazardous Materials Instructor                       |
| [ ] Specialized Physical Fitness Instructor                  | [ ] DOC Firearms Instructor                              |
| [ ] Specialized Subject Control Arrest Techniques Instructor | [ ] RADAR Instructor                                     |
| [ ] Specialized Driving Instructor                           | [ ] RADAR / Time Distance Instructor                     |
| [ ] DJJDP RCDT Instructor                                    | [ ] Detention Instructor                                 |
| [ ] DJJDP Medical Emergencies Instructor                     | [ ] Professional Lecturer                                |
| [ ] Specialized First Responder Instructor                   | [ ] Telecommunicator Instructor                          |
| [ ] DOC CRDT Instructor                                      | [ ] In-Service Training Coordinator                      |
| [ ] Sustaining Membership \$ 50. <sup>00</sup> per year      | [ ] Associate Member * Dues \$10. <sup>00</sup> per year |

Please list subjects taught for membership directory \_\_\_\_\_

#### **FOR ASSOCIATION USE ONLY:**

\_\_\_\_\_ Amount of Payment Received \_\_\_\_\_ Membership Expires \_\_\_\_\_

\_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Received By \_\_\_\_\_

\_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Referred By \_\_\_\_\_