



# New York State Law Enforcement & Community Council ASSOCIATE MEMBERSHIP



TO THE OFFICE OF THE NYS-LECC:

I, \_\_\_\_\_ THE UNDERSIGNED, DO HEREBY MAKE APPLICATION FOR ASSOCIATE MEMBERSHIP IN NYS-LECC.

IF MY MEMBERSHIP SHOULD BE REVOKED OR DISCONTINUED FOR ANY CAUSE WHILE IN GOOD STANDING, I DO HEREBY AGREE TO RETURN TO SAID NYS-LECC MY MEMBERSHIP CARD AND ANY OTHER MATERIAL BEARING THE NYS-LECC INSIGNIA, SUCH AS AUTO EMBLEM, LAPEL PIN, ETC.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**ASSOCIATE MEMBERS ONLY**  **NEW**  **PREVIOUS MEMBER (CHECK ONE)**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ CITIZEN STATUS Y \_\_\_\_\_ N \_\_\_\_\_

**INITIATION FEE: \$50 DUES: \$85 TOTAL = \$135 (FIRST TIME) (\$90 PER YEAR THERE AFTER)**

## OFFICIAL USE ONLY:

AMOUNT RECEIVED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_



**MAIL TO:** 27 East Broadway 7th FL  
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