



# AMERICAN ACADEMY FOR PROFESSIONAL LAW ENFORCEMENT

## LONG ISLAND CHAPTER

P.O. BOX 8064, GARDEN CITY, NEW YORK 11530

### MEMBERSHIP APPLICATION

DATE
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NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	TEL. NO.
HOME ADDRESS	CITY	STATE	ZIP CODE
			EMAIL ADDRESS

PRESENT EMPLOYER	POSITION	YEARS
ADDRESS	CITY	STATE
		ZIP CODE
		TEL. NO.

### PROFESSIONAL HISTORY

AGENCY	ADDRESS	YEARS	POSITION

### EDUCATION

HIGH SCHOOL/COLLEGE/UNIVERSITY	ADDRESS	DEGREE	YEAR

ENCLOSED IS A \$35.00 CHECK FOR MEMBERSHIP DUES. AMOUNT: \$ \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

### -FOR MEMBERSHIP COMMITTEE USE ONLY-

DATE APPLICATION RECEIVED: _____	CHAIRPERSON: _____
DATE DUES RECEIVED: _____	TREASURER: _____
CONFIRMATION LETTER SENT: _____	ADMITTED: _____
CERTIFICATE ISSUED: _____	AAPLE PIN: _____

BY-LAWS: \_\_\_\_\_