



**NATIONAL
LAW ENFORCEMENT
ASSOCIATES**

Membership Application

NAME _____ DOB: (MM/DD/YYYY) _____

Resident Address _____

City/Town _____ State _____ Zip Code (+4) _____

Residence Telephone: () _____ Cellular: () _____

Personal E-Mail Address _____ Residence Fax () _____

Occupation: _____ Company/Agency/Department _____

Business Address _____

City/Town _____ State _____ Zip Code (+4) _____

Company Telephone _____ Fax () _____ Work Cell () _____

Company website address _____

Company E-Mail Address _____

Previous Employment History:

1. Occupation/Company _____
Address _____ Dates Employed _____
2. Occupation/Company _____
Address _____ Dates Employed _____
3. Occupation/Company _____
Address _____ Dates Employed _____

Educational Background including any security related training or certification(s):

If admitted to membership, I agree to abide by the Constitution and By-Laws of the National Law Enforcement Associates including any amendments and fully understand that my membership in the National Law Enforcement Associates may terminate on the date that my employment in the investigative field is terminated or upon proof of professional misconduct, subject to review by the Board of Directors.

Date: _____ Signature of Applicant _____

NLEA Primary Sponsor _____ Member# _____

Signature _____

Applicant must be in ACTIVE INVESTIGATIVE work at the time the application is submitted and have been employed in an INVESTIGATIVE capacity with a Federal, State or Local Governmental Agency for at least FIVE YEARS prior to submitting the application,

OR

Have been employed in an INVESTIGATIVE capacity with a business or industrial concern for at least FIVE YEARS prior to submitting an application.

OR

Be employed as Senior Executive Officer of the INVESTIGATIVE organization of a business, industrial concern or Governmental Agency prior to and at the time the application is submitted.



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Two Co-Sponsors are required and must be NLEA Members in Good Standing

1. Name/Member # _____ Signature _____
2. Name/Member # _____ Signature _____

Member Chairman's Notes:

Board of Directors Approval and Date of Board Action	

DO NOT SEND DUES OR INITIATION FEE. IF APPROVED FOR MEMBERSHIP, YOU WILL BE BILLED.

MAIL THIS APPLICATION TO:

NATIONAL LAW ENFORCEMENT ASSOCIATES
POST OFFICE BOX 3342
CHRUCH STREET STATION
NEW YORK, NEW YORK 10008-3342
www.nlea.us

<u>Application Received</u>	<u>Application Approved</u>	<u>Rejected</u>
<u>Notified</u>	<u>Check Received</u>	<u>Member # Issued</u>

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