

NORTH STATE LAW ENFORCEMENT OFFICERS ASSOCIATION



TO: STATE EXECUTIVE BOARD

FROM: _____ CHAPTER

_____, Chapter President

DATE: _____

REFERENCE REPORT: LIFETIME MEMBER STATUS APPLICATION

MEMBER NAME _____ DOB ____/____/____ SEX ____
LAST FIRST MI

ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOME PHONE (____) _____ - _____ SSAN _____ - _____ - _____ TYPE: SERVICE ____ DISABILITY ____

DATE MEMBER JOINED NSLEOA ____/____/____ CONSECUTIVE YEARS MEMBERSHIP _____

EXPLAIN ANY BREAK IN SERVICE IN NSLEOA? _____

WORK TITLE AT RETIREMENT _____ TOTAL YEARS SERVICE _____

AGENCY MEMBER RETIRED FROM _____

DATE ENTERED LAW ENFORCEMENT ____/____/____ DATE MEMBER RETIRED ____/____/____

OTHER AGENCY MEMBER WORKED FOR _____

DATES ____/____/____ TO ____/____/____

OTHER AGENCY MEMBER EMPLOYED BY _____

DATES OF EMPLOYMENT ____/____/____ TO ____/____/____

DATE ____/____/____ APPROVED ____ NOT APPROVED ____ BY STATE EXECUTIVE BOARD.

IF NOT APPROVED, GIVE REASON _____

STATE PRESIDENT _____ CHAPTER PRESIDENT _____