

## National Criminal Enforcement Association - Membership Application

**Applicant**

Name (Last) (First) (Middle)

Home Mailing Address		City	State	Zip
Home Phone (with area code)		Cellular Phone (with area code)		
Nextel ID or Pager (with area code)		E-mail Address		
Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Seperated <input type="checkbox"/> Widowed		
Years in law enforcement		Spouse / Beneficiary Name		
Years in Interdiction	K-9 Handler <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Streets Full-Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Interstate Highways Full-Time <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Languages <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list any languages that you speak.			

Agency	Rank	District/County/Troop
Agency Mailing Address	Agency City	Agency State Agency Zip
Duty Station Phone (with area code)	Duty Station Fax (with area code)	
Employment Verification Phone (with area code)	Name of Chief / Sheriff / Agency Head	
Name of Immediate Supervisor	Supervisor Phone (with area code)	

I understand that by completing and signing this application that I am applying for membership with the National Criminal Enforcement Association. I also understand that the information above will be verified prior to my application being approved for full membership. With this in mind, I hereby authorize the release of information to NCEA Corp. for the purpose of verifying employment prior to membership approval. The NCEA Corp. reserves the right to disapprove any applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Printed)



Mail application and \$50 membership application fee to:

National Criminal Enforcement Association  
8491 Hospital Drive #316  
Douglasville, GA 30134

Phone: 877.468.2392  
Fax: 770.573.2728  
Website: [www.ncea314.com](http://www.ncea314.com)

**For Association Use Only**

Approved  Disapproved

Member No. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_