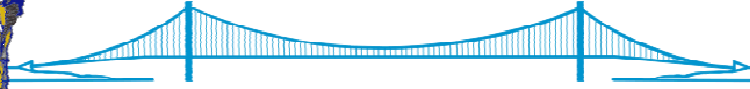


Detectives Crime Clinic™

Metropolitan New Jersey and New York
A Non-profit Law Enforcement Organization



MEMBERSHIP APPLICATION

Read before filling out application

All lines on this form **MUST** be completed whether you are a **New** or **Renewal** member. ALL Civilian applicants **MUST** be sponsored by an **ACTIVE** or **RETIRED Law Enforcement Officer** who is **CURRENTLY** an **ACTIVE MEMBER**. ALSO, you **MUST** be a **UNITED STATES CITIZEN** to become a member.

A **VALID ADDRESS** or **E-MAIL ADDRESS MUST BE SUPPLIED** for meeting notifications.

PLEASE PRINT CLEARLY

APPLICATION DATE: _____

Application Type: NEW___ RENEWAL___ (PLEASE CHECK ONE)

LAST_____, FIRST_____, MI___

Home Address: _____

City: _____, State: _____, Zip Code_____

Name of Department/Agency/Civilian Employment _____

Title / Position held: _____

Work Address: _____

City: _____, State: _____, Zip Code_____

Home Phone# (_____) _____ Work Phone# (_____) _____
Mobile Phone# (_____) _____ E-Mail Address_____

If you are a Civilian- Have you ever been **Convicted** of a Crime? Y__N__

If Yes explain: _____

I would like my Newsletter sent via **EMAIL / LETTER MAIL (PLEASE CIRCLE ONE)**

I would like my newsletter sent to my **HOME / WORK (PLEASE CIRCLE ONE)**

LAW ENFORCEMENT STATUS ACTIVE / RETIRED (PLEASE CIRCLE ONE)

Law Enforcement Members:

Membership Fee: \$ 30.00

Vehicle ID CARD \$ 20.00 _____ (**Only 2 Permitted**) (**A COPY OF YOUR AUTOMOBILE REGISTRATION MUST ACCOMPANY APPLICATION WITH ID CARD PURCHASES!!!**)

Family Member Cards: \$ 2.00 _____ (Quantity)

Lapel Pins: \$ 5.00 _____ (Quantity)

Window Decals: \$ 3.00 _____ (Quantity)

Total enclosed: _____

Paying by: CHECK / CASH / MONEY ORDER (Circle One)

Check / Money Order # _____ Date Paid _____

Date Received _____

Civilian Members: PLEASE CHECK MEMBERSHIP TYPE

Judge___ Lawyer___ Doctor___ Clergy___ Nurse___ EMT___ Associate ___

Membership Fee: \$45.00

Vehicle ID CARD: \$35.00 _____ (**Only 2 Permitted**) (**A COPY OF YOUR AUTOMOBILE REGISTRATION MUST ACCOMPANY APPLICATION WITH ID CARD PURCHASES!!!**)

Family Member Cards: \$ 3.00 _____ (Quantity)

Lapel Pins: \$ 5.00 _____ (Quantity)

Window Decals: \$ 4.00 _____ (Quantity)

Total enclosed: _____

Paying by: CHECK / CASH / MONEY ORDER (Circle One)

Check / Money Order # _____ Date Paid _____

Date Received _____

Make Check Payable to **NJNYDCC** or **Detectives' Crime Clinic**

Mail Applications and payments to:

New Jersey / New York Detectives' Crime Clinic

PO Box 1219

Bronx, NY 10451-1219

APPLICANTS MUST PRINT THEIR NAME AND THEN SIGN NEXT TO NAME

ALL CIVILIAN MEMBERS MUST BE SPONSORED AND THE SPONSORS SIGNATURE AND NAME MUST BE PRINTED AND SIGNED BELOW
