



Allegheny County Chiefs Of Police Association



ALLEGHENY COUNTY CHIEFS OF POLICE ASSOCIATION ~ 29 Beaver Grade Road McKees Rocks, PA 15136

MEMBERSHIP APPLICATION *(please print)*

Date _____

I hereby make application for Active/Associate Membership in the Allegheny County Chiefs of Police Association.
(circle one)

Name _____ Birth Date _____
First Middle Last Month Day Year

Residence Address _____
Number Street City County State Zip Code

Telephone _____
Residence Number Office Number

Present Rank _____

E-mail Address _____

Employer – Name of City, Borough, Township _____

Office Address _____
Number Street City County State Zip Code

Have you ever been convicted by a Court of Record of the Commission of a felony or of a misdemeanor? _____

If so, explain _____

Name of Next of Kin _____ Relationship _____
First Middle Last

Address of Next of Kin _____
Number Street City County State Zip Code

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Signature of Applicant _____

Signature of Member Recommending Applicant _____

Address of Member Recommending Applicant _____

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CERTIFICATION OF POSITION AND RANK OF APPLICANT

*(To be executed by Official of Government – **NOT** by Applicant)*

Following to be executed by the proper Official of Government, such as City Clerk, Borough or Township Secretary, etc., as the case may be:

State number of **full-time** Police Officers in the above Police Department _____

Does the applicant hold a **full-time position** and receive a **full-time salary** for the performance of the duties attached to the position under which the application is filed? _____

If not, explain _____

I hereby certify that the above statements are true and correct.

SEAL

(Signature of Official)

(Title of Official)

Please include the current year's dues of **\$100.00** with your application.
Make checks payable to Allegheny County Chiefs of Police Association.
Dale Vietmeier, Treasurer