



Detectives Crime Clinic™

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

Federally Recognized 501-c(3)



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 WITHIN THE ORGANIZATION. 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: _____

LAW ENFORCEMENT STATUS

ACTIVE / RETIRED (PLEASE CIRCLE ONE)

Law Enforcement Members:

Membership Fee: \$ 35.00

Membership Photo ID CARD \$ 20.00 (Must be completed on a separate application)

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

Membership Photo ID CARD \$30.00 _____ (Must be completed on a separate application)

Family Member Cards:\$ 3.00 _____ (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 _____

Make Check Payable to NJNYDCC or Detectives' Crime Clinic

Mail Applications and payments to:

New Jersey / New York Detectives' Crime Clinic
PO Box 4126

Middletown , NY 10941-4126

APPLICANTS MUST PRINT THEIR NAME AND THEN SIGN

PRINT: _____ SIGNATURE _____

ALL CIVILIAN MEMBERS MUST BE SPONSORED BY AN ACTIVE OR RETIRED LEO WHO IS A MEMBER IN GOOD STANDING. ALSO, THE SPONSORS SIGNATURE AND NAME MUST BE PRINTED AND SIGNED BELOW (NO COPIES WILL BE ACCEPTED)

SPONSORS NAME

PRINT: _____ SIGNATURE: _____