



NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES MEMBERSHIP APPLICATION

Membership Classification and Annual Dues

Regular:	Law Enforcement ranks of Lieutenant or above; GS13 and above for federal sector. Some other federal ranks may require review for classification.	<input type="checkbox"/>	Regular	\$150.00
Associate:	Law Enforcement ranks below Lieutenant and Criminal Justice Educators.	<input type="checkbox"/>	Associate	\$ 100.00
Supporting:	Security Officers, civilian employees, community supporters and other individuals interested in furthering the goals of NOBLE.	<input type="checkbox"/>	Supporting	\$ 55.00
Sustaining	Corporations, Organizations or Individuals interested in furthering the goals of NOBLE	<input type="checkbox"/>	Sustaining	\$ 525.00

PLEASE TYPE OR PRINT

NAME:

TITLE/RANK:

AGENCY/COMPANY:

UNIT/DIVISION

NOTE: CHECK HERE IF YOU ARE THE CHIEF EXECUTIVE OFFICER OF A LAW ENFORCEMENT AGENCY: FEDERAL, STATE, COUNTY OR MUNICIPAL

CHECK HERE IF YOU ARE EMPLOYED BY A FEDERAL AGENCY

BUSINESS ADDRESS:

BUSINESS PHONE: ()

BUSINESS FAX: ()

EMAIL:

HOME ADDRESS:

HOME PHONE: ()

HOME FAX: ()

EMAIL:

PREFERRED MAILING ADDRESS: BUSINESS: RESIDENCE:

Are you a member of a NOBLE Chapter? Yes No If yes, which one? _____

Have you ever been a member of NOBLE before? Yes No If yes, when? _____

Please briefly describe your command function: _____

APPLICANT'S SIGNATURE:

DATE:

SPONSOR NAME:

MEMBER NUMBER:

Regional Vice President or Chapter President Approval

Approved Member Type

If possible, approval should be obtained prior to submittal. If VP or CP is unavailable, forward to National Office immediately.

PAYMENT INFORMATION

FORM OF PAYMENT: CHECK MONEY ORDER CREDIT CARD

I AUTHORIZE THIS CHARGE TO MY: VISA MASTERCARD:

NAME OF CARDHOLDER:

CARD NUMBER:

EXPIRATION DATE:

SIGNATURE:

AMOUNT TO CHARGE:

PLEASE SEND PAYMENT TO: P. O. BOX 2328, MERRIFIELD, VA 22116-2328 PHONE: (703) 658-1529 FAX: (703) 658-9479

Or email abrooks@noblenatl.org for questions