**POLICE COMMISSIONERS ASSOCIATION**

**OF CONNECTICUT**

**P. O. BOX 575**

**ORANGE, CT 06477**

 I wish to apply for membership in the PCAC with all services and privileges thereto.

|  |  |  |
| --- | --- | --- |
| Date: |  |  |
| Full Name (please print): |  |
| Occupation: |  |
| Police Department: |  |
| Active Commissioner Y/N |  |  |
| If YES, Give Term (From / To Dates): |  |
| Retired Commissioner Y/N |  |  |
| If YES, Give Term (From / To Dates): |  |
| Residence: |  |
| Business: | NUMBER & STREET CITY STATE & ZIP PHONE NUMBER |
|  |
|  | NUMBER & STREET CITY STATE & ZIP PHONE NUMBER |
| E-mail Address: |  |
| Signature: |  |
| Communication Preference: □ U.S. Mail □ E-mail □ Both |
| Please remit a one-time $50 application fee and first year dues of $75.00 ($125.00 total), payable to **PCAC**, and send with your application to: **PCAC, P.O. Box 575, Orange, CT 06477**. If filing online, please scan the completed application and send it to gary.pcac@gmail.com. Thank you. |
| SPONSOR: (PCAC Member) *(Please Print)* |
|  | Name: |  |
|  | Address: |  |
|  | City, State, Zip: |  |
|  |  |
|  |  |
|  | **FOR PCAC MEMBERSHIP REVIEW COMMITTEE REPORT ONLY** | **FEE PAID** |  |
|  | ***Reviewed by and date:*** |  |
|  | ***Approved and date:*** |  |
|  | ***Disapproved and date:*** |  |
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