**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: | | | | | |  | | | | | | | |
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|  | **FOR PCAC MEMBERSHIP REVIEW COMMITTEE REPORT ONLY** | | | | | | | | | | | | **FEE PAID** |  |
|  | ***Reviewed by and date:*** | | | | | | | | |  | | | | |
|  | ***Approved and date:*** | | | | | | | | |  | | | | |
|  | ***Disapproved and date:*** | | | | | | | | |  | | | | |
|  |  | | | | | | | | |  | | | | |