

North Carolina Law Enforcement Training Officers Association

9101 Fayetteville Rd.
Raleigh, NC 27606
c/o Jennifer Skiles Mitchell / SSB 223

Membership Application

Please **PRINT** or **TYPE** legible all the requested information below. Place an "X" in the appropriate box "☐" to indicate your preferred mailing address. Attach your membership dues to the application and mail to the above address. Upon receipt of your application and membership dues, you will be placed on the Association Membership Directory, as well as our email list and a membership card will be forwarded to you. Membership runs from Sept. 1 - Aug. 31 each year.

FULL NAME: _____

PREFERRED FIRST NAME: _____

TITLE: _____

AGENCY: _____

****please indicate your preferred address for mailings. Your agency address will be published in the directory.**

AGENCY ADDRESS: _____ ZIP: _____

PHONE: () - _____

HOME ADDRESS: _____ ZIP: _____

PHONE: () - _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

Certifications

Please indicate the certifications you currently hold:

- | | |
|---|--|
| <input type="checkbox"/> School Director | <input type="checkbox"/> General Instructor |
| <input type="checkbox"/> Specialized Firearms Instructor | <input type="checkbox"/> Hazardous Materials Instructor |
| <input type="checkbox"/> Specialized Physical Fitness Instructor | <input type="checkbox"/> DOC Firearms Instructor |
| <input type="checkbox"/> Specialized Subject Control Arrest Techniques Instructor | <input type="checkbox"/> RADAR Instructor |
| <input type="checkbox"/> Specialized Driving Instructor | <input type="checkbox"/> RADAR/Time Distance Instructor |
| <input type="checkbox"/> DJJDP RCDT Instructor | <input type="checkbox"/> Detention Instructor |
| <input type="checkbox"/> DJJDP Medical Emergencies Instructor | <input type="checkbox"/> Professional Lecturer |
| <input type="checkbox"/> Specialized First Responder Instructor | <input type="checkbox"/> Telecommunicator Instructor |
| <input type="checkbox"/> DOC CRDT Instructor | <input type="checkbox"/> In-Service Training Coordinator |

Please list subjects taught for membership directory _____

FOR ASSOCIATION USE ONLY:

_____ Amount of Payment Received	Membership Expires _____
_____ New _____ Renewal	Received By _____
_____ Cash _____ Check# _____	Referred By _____