

THE BROWARD COUNTY CHIEFS OF POLICE ASSOCIATION, INC.

Membership Application or Renewal 2019

Date:	Check One:	New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>
Name:		Email Address:	
Title/Rank:	Agency/Business Name:		
Agency/Business Street Address:			
City:		State:	Zip:
Business Phone #:	Cell #:	Fax #:	
Secretary's Name:		Email Address:	
Home Address:		City:	State: Zip:
Home Phone #:		Spouse Name:	

DUES PAYABLE ON OCTOBER 1, 2018 FOR FISCAL YEAR 2019

PLEASE CHECK ONE:

FEES/DUES	DESCRIPTION
Regular Member <input type="checkbox"/> \$250.00	An individual with the following titles: Chief of Police or Sheriff, head of a city, state, federal or other Broward organization, as designated by the association.
Associate Member <input type="checkbox"/> \$125.00	Any individual who is a command level member of any city, county, state, federal or other such designed organization in Broward County who is recommended by a regular member and approved by the association.
Honorary Member <input type="checkbox"/> \$125.00	Any individual who is honored by the association by majority vote of the members present.
Lifetime Member <input type="checkbox"/> (No Dues)	Any member who has served as a regular active member for five years and was nominated for and approved by the association for a Lifetime Regular Membership.
Sponsor Member <input type="checkbox"/> \$450.00	Any business, individuals, partnerships or corporations known to be consistent advocates of law enforcement who desire to lend their aid to the association. Corporations shall designate one representative who must be approved by the association and represent the quality and character required by the BCCPA. A sponsoring member shall not have the privilege of voting on matters presented to the regular members, but may serve on the various committees of the association. Sponsored Members must complete a Sponsored Member Application.

NEW MEMBERS MUST HAVE A SPONSOR - PLEASE COMPLETE THE FOLLOWING

Sponsor Name:	Title:
Agency/Business Name:	Business Phone #:
Background of Candidate:	

OFFICIAL USE ONLY

Approval By Membership – New Member Date:	Check #:	Date Paid:
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Make Check Payable To:
BROWARD COUNTY CHIEFS OF POLICE ASSOCIATION

Return Application with Check To:
ATTN: Eileen Casagrande
 Hillsboro Beach Police Department
 1210 Hillsboro Mile Suite B
 Hillsboro Beach , FL 33062