

# THE BROWARD COUNTY CHIEFS OF POLICE ASSOCIATION, INC.

## Membership Application or Renewal 2024

|                                  |                        |                                     |                                  |
|----------------------------------|------------------------|-------------------------------------|----------------------------------|
| Date:                            | <b>Check One:</b>      | 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:         |                                     |                                  |
|                                  |                        |                                     |                                  |
|                                  |                        |                                     |                                  |

## DUES PAYABLE ON OCTOBER 1, 2023 FOR FISCAL YEAR 2024

**PLEASE CHECK ONE:**

| FEES/DUES   | DESCRIPTION   |
|---|---|
| <b>Regular Member</b><br><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.  |
| <b>Associate Member</b><br><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.  |
| <b>Honorary Member</b><br><input type="checkbox"/> \$125.00   | Any individual who is honored by the association by majority vote of the members present.   |
| <b>Lifetime Member</b><br><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.  |
| <b>Sponsor Member</b><br><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 may designate up to three representatives, 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.       |
| <b>Charitable Member</b><br><input type="checkbox"/> \$450.00 | Those entities that are designated as a not for profit charitable organization, whose purpose is consistent with the goals of the association. The organization may designate up to three persons to represent the entity, who MUST be approved by the association and represent the QUALITY and character required by the BCCPA. A charitable 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. |

## 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: |

Make Check Payable To:  
**BROWARD COUNTY CHIEF'S OF POLICE ASSOCIATION**  
 Return Application with Check To:  
**ATTN: Brenda Henry**  
 Davie Police Department  
 1230 S. Nob Hill Road  
 Davie, Florida 33324