

MEMBERSHIP APPLICATION FOR THE PAACC MEMBERS ONLY PAGE

PLEASE PRINT CLEARLY

FULL NAME: _____

DOB: _____

AGENCY/ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

POSITION IN ORGANIZATION: _____

IF AN HSPO, WHEN DO YOUR CREDENTIALS EXPIRE? _____

IF AN HSPO, HAVE YOU HAD YOUR CREDENTIALS SUSPENDED OR REVOKED?

YES _____ NO _____ (NOTE: IF YOU ANSWERED YES, YOU WILL NOT BE ELIGIBLE UNLESS CREDENTIALS ARE FULLY RESTORED)

SUPERVISOR: _____

SUPERVISOR PHONE: _____ EMAIL: _____

IF NO IMMEDIATE SUPERVISOR, PROVIDE THE NAME OF PERSON/CONTACT INFORMATION TO WHOM WE CAN VERIFY YOUR ELIGIBILITY:

NAME: _____ PHONE: _____ EMAIL: _____

IF YOU DO NOT SERVE IN AN ENFORCEMENT ROLE, PLEASE EXPLAIN YOUR ROLE IN SUPPORT OF ENFORCEMENT. ELIGIBILITY WILL BE DETERMINED ON A CASE-BY-CASE BASIS:

