



**POLICE COMMISSIONERS ASSOCIATION
OF CONNECTICUT
P. O. BOX 57
NORTH BRANFORD, CT 06471**



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: _____
NUMBER & STREET CITY STATE & ZIP PHONE NUMBER

Business: _____
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 \$50.00 (\$100.00 total), payable to **PCAC**, and send with your application to: **PCAC, P.O. Box 57, North Branford, CT 06471**. If filing online, please scan the completed application and send to admin@pcact.org. Thank you.

SPONSOR: (PCAC Member) *(Please Print)*

Name: _____

Address: _____

City, State, Zip: _____

<u>FOR PCAC MEMBERSHIP REVIEW COMMITTEE REPORT ONLY</u>	FEE PAID _____
<i>Reviewed by and date:</i> _____	
<i>Approved and date:</i> _____	
<i>Disapproved and date:</i> _____	