



POLICE COMMISSIONERS ASSOCIATION OF CONNECTICUT P.O. BOX 22 STRATFORD, CT 06615

(Please Print) (If filling out form via your computer, please use tab or arrow keys or mouse clicks instead of "enter" to advance to the next line in order to maintain proper spacing. Thank you)

I wish to apply for membership in the PCAC with all services and privileges thereto.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

(Your typed name serves as your digital signature if you are filing application online)

Please remit \$80 (payable to PCAC) and mail to the address in the above letterhead. If filing online, please send this document to admin@pcact.org; otherwise, enclose application along with your payment. Thank you.

SPONSOR: (PCAC member) (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

FOR PCAC MEMBERSHIP REVIEW COMMITTEE REPORT ONLY FEE PAID \_\_\_\_\_ Reviewed by and date: \_\_\_\_\_ Approved and date: \_\_\_\_\_ Disapproved and date: \_\_\_\_\_