



POLICE COMMISSIONERS ASSOCIATION OF CONNECTICUT, INC.

P.O. BOX 1584
FAIRFIELD, CONNECTICUT 06430

(Please Print)

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

Name: _____ Date: _____

Occupation: _____

Police Department: _____

Active Commissioner

Give Term: _____
FROM TO

Retired Commissioner

Date Last held office: _____
FROM TO

Residence: _____
STREET & NUMBER CITY ZIP PHONE NO.

Business: _____
STREET & NUMBER CITY ZIP PHONE NO.

\$75 must be enclosed with application

Signature of Applicant: _____

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

Name: _____

Address: _____

City: _____ Zip: _____

FOR PCAC MEMBERSHIP REVIEW COMMITTEE REPORT ONLY

Reviewed by: _____

Approved: _____ Disapproved: _____