

\$80 must be enclosed with application



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.

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Signature of Applicant: _____

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

Name: _____

Address: _____

City: _____ Zip: _____

FOR PCAC MEMBERSHIP REVIEW COMMITTEE REPORT ONLY

Reviewed by: _____

Approved: _____ Disapproved: _____