

NOVA SCOTIA CHIEFS OF POLICE ASSOCIATION



Secretary

(Founded 1979)

President

Application for Active Membership

Application for Associate Membership

Information

NAME: _____
(Surname) (Given) (Nickname)

RANK OR TITLE: _____ FORCE/FIRM: _____

SPOUSE/PARTNER : _____
(Surname) (Given)

ADDRESS: _____
(Home street address) (City/Town)

(Postal Code) (Home Telephone)

(Office street address) (City/Town)

(Postal Code) (Office Telephone)

(Fax Number) (email address)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF APPOINTMENT TO PRESENT OFFICE: _____

BRIEF DESCRIPTION OF WORK BACKGROUND IN POLICING ETC: _____

DUES: \$100.00 Payable June 1 of each year

APPLICANTS SIGNATURE: _____ DATE: _____

SPONSORS: ACTIVE MEMBERS OF THE NOVA SCOTIA CHIEF'S OF POLICE ASSOCIATION

NAME: _____ FORCE: _____

DATE: _____ SIGNATURE: _____

NAME: _____ FORCE: _____

DATE: _____ SIGNATURE: _____

NAME: _____ FORCE: _____

DATE: _____ SIGNATURE: _____