

Briggs Core Dynamics, Inc.



Law Enforcement Membership

PLEASE PRINT Date ____/____/____

Department/Agency Point of Contact _____

Phone Number ____/____-____ Alternate Phone Number ____/____-____

Address _____

E-mail Address _____

How did you find out about the Briggs Core Dynamics, Inc. _____

Date Received ____/____/____ Amount Received \$ _____ Annual Membership

***Please note if we are to invoice the department/agency**

Fees:

\$500 Department/Agency Membership (8 Officers)

**Additional corporate members are \$60.00

Names of Family Members:

1 _____ 5 _____ 9 _____

2 _____ 6 _____ 10 _____

3 _____ 7 _____ 11 _____

4 _____ 8 _____ 12 _____