

CO-OPERATION



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Metropolitan Crime Clinic, Inc. Membership Application

The purpose of this organization and principals shall be to provide an organization to Cuyahoga and contiguous counties for qualified individual members to perpetuate the ideas and principles of the Metropolitan Crime Clinic, Inc. This purpose will be accomplished by keeping abreast of criminal, terrorists, security, and intelligence issues, by tendering all possible cooperation and assistance to the effort of Cuyahoga County and contiguous counties on security and intelligence activities, and sharing information on intelligence and security issues on the individual basis. These ideas and principles will be further accomplished by promoting and strengthening the bonds of fellowship among all members.

Understanding the above purpose and desiring to participate, I hereby submit my application.

Last Name	First Name	Middle	Date of Birth	
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Employer	Place of Birth			
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Title

Business Address Street	City	State	Zip	Business Phone
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Residence Street	City	State	Zip	Home/Cell Phone
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Email Address for all Correspondence

I have never been a member of, affiliated with, or interested in any subversive organization. I do subscribe wholeheartedly to the principles and tenets of the United States Government. I understand I must include with my application fee \$25.00 and \$30.00 current year's dues. I agree to notify the Secretary of any changes in employment and/or title and will abide by any action by the Executive Board in requesting my resignation if they feel such change does not qualify me to be a member in the organization. My signature to this application constitutes my promise never to reveal the confidential source of any information received, either directly or indirectly from fellow members and to abide by all the rules and regulations of this organization.

Applicant's Signature: _____ Date Signed: _____

Sponsor's Signature: _____ Date Signed: _____

Board Action Date: _____

Secretary's Action: _____ ()Mail ()Pin ()Plaque ()ID Card ()Directory