

COASTAL CAROLINA SHIELDS P.O. Box 1541, Murrells Inlet, South Carolina, 29576

www.CoastalCarolinaShields.com

Per our By-Laws: "Membership shall be open to any person who is a retired, sworn law enforcement officer who resides full or part time in North or South Carolina."

Instructions:

- Complete all applicable information
- Submit proof of retirement with application)Retired ID)
- Dues payable when application is submitted, \$15 annually plus a onetime initiation fee of \$5 = \$20
- When applying after July 1st the fee is \$7 plus a onetime initiation fee of \$5 = \$12

DATE:		
NAME:	Σ	OOB:
HOME ADDRESS:	STREET	
CITY	STATE	ZIP
HOME PHONE:	CELL PHONE:	
E-MAIL ADDRESS:		
SPOUSE NAME:		
EMPLOYMENT INFORMATION AGENCY YOU RETRIED FROM: (Please circle type of a	ngency Federal, State, County, Munic	ipality)
ADDRESS OF AGENCY:	STREET	
CITY YEARS OF SERVICE:	STATE	ZIP
SIGNATURE:		
Official use only: Dues Paid: \$ (Cash – Che	eck #) ID Verified By:	