

**A-ONE Inc,**  
**Association of Oklahoma Narcotics Enforcers, Inc**



**Membership Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ CLEET ID \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Social Security Number: \_\_\_\_\_

Shirt Size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ 2X-Large \_\_\_ 3X-Large \_\_\_ 4X-Large

Check One

\_\_\_ Certified Law Enforcement Officer (Active)..... Agency \_\_\_\_\_

\_\_\_ Retired Law Enforcement Officer..... Agency \_\_\_\_\_

\_\_\_ Prosecuting Attorney ..... Agency \_\_\_\_\_

\_\_\_ Other (Agency & Details of Employment: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_ New Member      Region \_\_\_ I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ V

\_\_\_ Renewal

\_\_\_ Life Member

**Dues \$35.00**

**METHOD OF PAYMENT**

Cash \$ \_\_\_ Check # \_\_\_

**Purchase Order** from your department: Please list each person named on the purchase order. Include a phone number for each person listed as well as the name and phone number of the clerk issuing the purchase order. Each person listed must fill out a separate registration form.

Contact Person for Purchase Order: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ MASTERCARD \_\_\_\_\_ VISA

Credit Card # \_\_\_\_\_ Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PayPal** Users email address: \_\_\_\_\_ Associated Name: \_\_\_\_\_

Email completed registration form to: [okienarc@gmail.com](mailto:okienarc@gmail.com)

Mail't gi knt cvlop' hqt o 'y kj 'ecuj 'ht 'ej genir c{ o gpvto:

A-One, Inc. P.O. Box 722495 Norman, OK 73070

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OR