

## California Narcotic Officers' Association

## Application for Membership & Renewal 2019\*

	PLEASE PRINT		DATE:	
NEW MEMBER	\$100.00			
RENEWAL	\$100.00		Membership Paid by	: Agency
ASSOCIATE	\$100.00			Self
	•		POST I.D. #	•
			(Necessary for receiving POST	& other credits)
Name (Last, First, M.I.)	1 1			POST□ STC□ MCLE□
☐Mr. ☐Ms. ☐Mrs. Salutation	Date of Birth	Nickname (optional)	Credits voi	POST STC MCLE $\square$ qualify for (check all that apply):
AGENCY INFORMATION:				
PARENT Agency Name				
ASSIGNED TO Agency Name		Rank/Title		
<b>6</b>			1	<b>?</b> ( )
Work Location Street Address			A	gency Phone Number
			1	<b>?</b> ( )
Work Location City, State, Zip	Code			gency FAX Number
⊞ Residence Street Address	to go to your nome o	check here 🗖, otherwise w		agency. JApt □Spc □Unit
0 1 60 60 7 6 1			J	<b>?</b> ( )
Residence City, State, Zip Code	е		County R	esidence Phone Number
				<b>2</b> ( )
E-mail address			C	ell Number
REQUIRED! <u>ve</u>	rification of Law En	forcement (can be a current CN	OA Member or a department refer	ence)
rume	Office Us			
Phone Number	0110	E Signatura		
Phone Number	CNOA	ID# Signature		
METHOD OF PAYMENT:			osed for New Membership or Re Survivor's Memorial Fun	т
		Narcotic Fo	ducational Foundation of Americ	<u></u>
		Harcotte Et	and the state of t	
Check/ Visa Master Money Card Order	AMEX ——	Credit Card Number	Expir	ation Date \$ Amount
	<u> </u>	Signature		
☐ Yes, I would like my dues	s deducted automatica	lly on an annual basis with aut	odraft (Lifetime Membership a	fter 15 consecutive years)
		, 9 will be applied to 2019 Mem		. ,
DO Day 550	000 Canta Clarita	CA 0120E 0000 - Dhana	. (CC1) 77E COCO - CAV. (	CC1) 77E 1C40
PO BOX 550	oo, santa Clarita,	CA 91385-0009 • Phone	. (ססד) //ס-סאסU ● FAX: (	UU1) //J-1048