



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, \$25 annually plus a onetime initiation fee of \$5 = \$30

PLEASE PRINT CAREFULLY

DATE: _____

NAME: _____ DOB: _____

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 agency . . . Federal, State, County, Municipality)

ADDRESS OF AGENCY: _____
STREET

CITY STATE ZIP

YEARS OF SERVICE: _____ RANK AT RETIREMENT: _____

SIGNATURE: _____

Official use only:

Dues Paid: \$_____.____ (Cash – Check # _____) ID Verified By: _____

Membership card issued ID presented Y/N Department/Agency/Documentation

Sponsored By _____

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