



**NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES
MEMBERSHIP APPLICATION**

Membership Classification and Annual Dues

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|-------------|--|-------------------------------------|-------|
| Regular: | Law enforcement ranks of Lieutenant or above; GS13 and above for federal sector. Some other federal ranks may require review for classification. | <input type="checkbox"/> Regular | \$175 |
| Associate: | Law enforcement ranks below Lieutenant and criminal justice educators. | <input type="checkbox"/> Associate | \$125 |
| Supporting: | Security officers, civilian employees, community supporters, and other individuals interested in furthering the goals of NOBLE. | <input type="checkbox"/> Supporting | \$80 |
| Sustaining: | Corporations, organizations, or individuals interested in furthering the goals of NOBLE. | <input type="checkbox"/> Sustaining | \$550 |

PLEASE TYPE OR PRINT CLEARLY

NAME: _____ MALE FEMALE

TITLE/RANK: _____

AGENCY/COMPANY: _____

<input type="checkbox"/> Check here if you are the Chief Executive Officer of a law enforcement agency: Federal, State, County, or Municipal	<input type="checkbox"/> Check here if you are employed by a federal agency.
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BUSINESS ADDRESS: _____

BUSINESS PHONE: () FAX: () EMAIL: _____

HOME ADDRESS: _____

HOME PHONE: () CELL: () EMAIL: _____

PREFERRED MAILING ADDRESS: BUSINESS RESIDENCE

Are you a member of a NOBLE Chapter? Yes No If yes which one? _____

Have you ever been a member of NOBLE before? Yes No If yes when? _____

Please briefly describe your command function: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

SPONSOR'S NAME _____ MEMBER NUMBER: _____

Regional Vice President or Chapter President Approval _____ Approved Member Type: _____

If possible approval should be obtained prior to submittal. If VP or CP are unavailable forward to National Office immediately

PAYMENT INFORMATION

FORM OF PAYMENT: CHECK MONEY ORDER CREDIT CARD

I AUTHORIZE THIS CHARGE TO MY: VISA MASTERCARD AMEX

NAME OF CARDHOLDER: _____

CARD NUMBER: _____ EXP. DATE: _____ CVV CODE: _____

SIGNATURE: _____ AMOUNT TO CHARGE: _____

PLEASE SEND PAYMENT PAYABLE TO NOBLE
5285 SHAWNEE ROAD, SUITE 200, ALEXANDRIA, VA 22312
PHONE: (703) 658-1529 / FAX: (703) 658-9479
EMAIL: membership@noblenatl.org
www.noblenational.org

*\$15.00 FROM ALL DUES GO BACK TO THE REGION