

Chicago Metropolitan Chapter of NOBLE
NOBLE NATIONAL.ORG
Membership Application
Chicago, Illinois

MEMBERSHIP ELIGIBILITY
REGULAR, ASSOCIATE OR SUPPORTING MEMBER OF THE
NATIONAL ORGANIZATION BLACK LAW ENFORCEMENT EXECUTIVES

LOCAL MEMEBERSHIP DUES: \$50.00 ANNUALLY

NAME _____ RANK _____
LAST FIRST MI

RESIDENCE _____
STREET CITY STATE ZIP

BUSINESS _____
ADDRESS STREET CITY STATE ZIP

TELEPHONE _____
RESIDENCE BUSINESS FAX

E MAIL ADDRESS: _____

PREVIOUS MEMBER OF NOBLE _____ YES _____ NO *If yes, membership number _____

PLEASE EXPLAIN BRIEFLY YOUR (COMMAND) RESPONSIBILITIES

PAYMENT ENCLOSED \$ _____ CHECK NUMBER _____

SIGNATURE _____ DATE _____

PLEASE MAIL APPLICATION TO: NOBLE

P.O. BOX 804162
CHICAGO, IL 60680-4103
TELEPHONE: 312 458-9711
E MAIL ADDRESS: CMC.NOBLECHAPTER.ORG

OFFICE USE ONLY

RECEIPT NUMBER _____ DATE APPROVED _____



NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES MEMBERSHIP APPLICATION

Membership Classification and Annual Dues

- | | | | | |
|-------------|--|--------------------------|------------|-----------|
| 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 | \$150.00 |
| Associate: | Law Enforcement ranks below Lieutenant and Criminal Justice Educators. | <input type="checkbox"/> | Associate | \$ 100.00 |
| Supporting: | Security Officers, civilian employees, community supporters and other individuals interested in furthering the goals of NOBLE. | <input type="checkbox"/> | Supporting | \$ 55.00 |
| Sustaining | Corporations, Organizations or Individuals interested in furthering the goals of NOBLE | <input type="checkbox"/> | Sustaining | \$ 525.00 |

PLEASE TYPE OR PRINT

NAME:

TITLE/RANK:

AGENCY/COMPANY:

UNIT/DIVISION

NOTE: CHECK HERE IF YOU ARE THE CHIEF EXECUTIVE OFFICER OF A LAW ENFORCEMENT AGENCY: FEDERAL, STATE, COUNTY OR MUNICIPAL CHECK HERE IF YOU ARE EMPLOYED BY A FEDERAL AGENCY

BUSINESS ADDRESS:

BUSINESS PHONE: ()

BUSINESS FAX: ()

EMAIL:

HOME ADDRESS:

HOME PHONE: ()

HOME FAX: ()

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 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 is unavailable, forward to National Office immediately.

PAYMENT INFORMATION

FORM OF PAYMENT: CHECK MONEY ORDER CREDIT CARD

I AUTHORIZE THIS CHARGE TO MY: VISA MASTERCARD:

NAME OF CARDHOLDER:

CARD NUMBER:

EXPIRATION DATE:

SIGNATURE:

AMOUNT TO CHARGE:

PLEASE SEND PAYMENT TO: P. O. BOX 2328, MERRIFIELD, VA 22116-2328 PHONE: (703) 658-1529 FAX: (703) 658-9479
Or email abrooks@noblenatl.org for questions