

**UCLEA
UNIVERSITY AND COLLEGE LAW ENFORCEMENT ASSOCIATION**

MEMBERSHIP APPLICATION

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ DOB: _____ SSN: _____

Agency: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Rank: _____ Serial Number: _____

Membership Type Applying For: _____ Active Member (Sworn Only)

_____ Associate Member

Please enclose a check or money order for the first month's membership dues payable to UCLEA.

Upon membership approval the funds will be deposited. If membership is not granted, the funds will be returned.

Mail Application to:

UCLEA
c/o Charles Summer
PO Box 2068
Litchfield, Park, AZ 85340

Signature: _____ Date: _____