



STATE of NEW JERSEY POLICE and FIRE EMERALD SOCIETY

Morris County, New Jersey



"Paul W. McKenna Chapter # 3 of Morris County"

APPLICATION FOR ASSOCIATE MEMBERSHIP

DATE OF APPLICATION: _____.

APPLICANT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____.

SOCIAL SECURITY: # _____ - _____ - _____.

HOME PHONE: _____ CELL: _____.

EMPLOYER: _____

ADDRESS: _____

PHONE (s): _____.

TYPE OF BUSINESS: _____

POSITION/TITLE: _____

YEARS EMPLOYED: _____.

SUPERVISOR: _____ TITLE: _____.

U.S. CITIZEN: YES _____ NO _____. BY BIRTH: YES _____ NO ____.

(IF YOU ARE NOT A US CITIZEN, PROVIDE A CLEAR COPY OF YOUR IMMIGRATION DOCUMENTATION).

BASIS OF IRISH ANCESTRY: [YOU MUST BE AT LEAST 1/8TH. IRISH].

ANNUAL DUES: \$ _____ PAID: _____ DATE: _____.

HAVE YOU EVER BEEN ARRESTED IN NEW JERSEY "OR" ANYWHERE ELSE? YES _____ NO _____

IF YOU WERE ARRESTED, PROVIDE THE FOLLOWING INFORMATION (YOU MAY ATTACH A SEPARATE PIECE OF PAPER, IF NEEDED): DATE OF ARREST, ARRESTING AGENCY, CHARGE(S), LOCATION OF ARREST, CIRCUMSTANCES SURROUNDING ARREST, IF YOU WERE INDICTED AND THE DISPOSITION {EVEN IF THE CHARGE(S) WERE DISMISSED}.

IF ELECTED TO MEMBERSHIP IN THE MORRIS COUNTY EMERALD SOCIETY "PAUL W. MCKENNA CHAPTER # 3, I AGREE TO ABIDE BY THE SOCIETY'S CONSTITUTION AND BY-LAWS AND COMPLY WITH ALL ORDERS I RECEIVE FROM THE CHAPTER'S EXECUTIVE BOARD .

APPLICANT SIGNATURE: _____ DATE: _____

SPONSOR'S SIGNATURE: _____ DATE: _____

INVESTIGATING COMMITTEE SIGNATURE _____ DATE: _____

APPROVAL: SIGNATURE _____ DATE: _____