

# WESTCHESTER HISPANIC LAW ENFORCEMENT ASSOCIATION INC.

P.O. BOX 1292 \* WHITEPLAINS \* NEW YORK \* 10602

[president@whlea.com](mailto:president@whlea.com)

(914) 207-6595



## Membership Application

(PLEASE PRINT CLEARLY)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

COMMAND \_\_\_\_\_ TITLE/RANK \_\_\_\_\_

SHEILD# \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF APPOINTMENT. \_\_\_\_/\_\_\_\_/\_\_\_\_ Years of Service \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

### Mailing Information

OFFICE ADDRESS	HOME ADDRESS
Department	
STREET	STREET
CITY	CITY
STATE	STATE
ZIP	ZIP
TEL.#	TEL#
Mobile #	Mobile #

### ANNUAL MEMBERSHIP DUES (please check one on each line)

- |  |  |
|--|--|
| <input type="checkbox"/> \$30.00 REGULAR MEMBERS | <input type="checkbox"/> \$40.00 ASSOCIATE MEMBERS |
| <input type="checkbox"/> ACTIVE                  | <input type="checkbox"/> RETIRED                   |
| <input type="checkbox"/> NEW MEMBER              | <input type="checkbox"/> RENEWAL                   |

(Civilians in law enforcement, government employees, or business professionals sharing in our mission)

BENEFICIARY: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED                       DISAPPROVED

REASON FOR DISAPPROVAL \_\_\_\_\_

PRESIDENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_