

PA FRATERNAL ORDER OF CONSTABLES

1350 Uhler Road, PMB 105
 Easton, PA 18040

Phone: (717) 916 - 4483

MEMBERSHIP APPLICATION – Mail completed application to the address above: **Attention** Gordon Crowell

Note: A signed Non-Disclosure form and a photo copy of your driver's license and PCCD Certification Card, if available, must accompany this application. Dues must be received on or before December 31 of each year to avoid delays. Membership to the PAFOC runs from January 1 to December 31 of each calendar year.

Please Print Clearly		Check one:		New Application	Re-New
Last Name		First Name		M. I.	

Street	City	Zip
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County	Contact Phone	D-O-B
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E-mail	Certification Number	Term Expiration
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Check one: Please DO NOT check "Yes" if you have not finished and passed firearms. Having a class scheduled does NOT mean you are certified and will be cause for a substantial increase of Liability insurance premiums.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constable	Deputy	Full Time	Part Time	Firearms Certified:	Yes	No

Submit the correct amount below for your status and make checks or money orders to: **PAFOC**

Active Membership: Working and certified Constables or Deputy Constables. Full Voting rights and benefits.	Regular Membership: Retired Constables and Deputy Constables – No Voting Privileges.	Associate Membership: Never a Constable but wishes to support the membership and the cause.
\$75.00	\$60.00	\$25.00

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE RELEASED TO ANY ONE OUTSIDE THE PAFOC. INCOMPLETE APPLICATIONS WILL BE RETURNED TO ORIGINATOR. ANY APPLICATIONS FOUND TO CONTAIN FALSE INFORMATION WILL BE CAUSE FOR DENIAL OF MEMBERSHIP.

DO NOT WRITE BELOW THIS LINE - FOR MEMBERSHIP COMMITTEE USE ONLY

Amt Recv'd	Check Number	Money Order Number	Cash	Pay Pal

Date Recv'd	Approval Date	Denial Date	Entered By: