

**CALIFORNIA NARCOTIC OFFICERS' ASSOCIATION**



**Application for Membership & Renewal 2008\***

PLEASE PRINT

<b>NEW MEMBER</b>	<input type="checkbox"/> \$75.00	<b>Membership Paid by:</b>	<b>Agency</b> _____
<b>RENEWAL</b>	<input type="checkbox"/> \$75.00		<b>Self</b> _____
<b>(NEW) P.O.S.T. I.D. #</b> <small>(Necessary for receiving POST &amp; other credits)</small>			
Name (Last, First, M.I.)		<b>Social Security Number</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth	Nickname (optional)	POST <input type="checkbox"/> STC <input type="checkbox"/> MCLE <input type="checkbox"/>
Salutation		Credits you qualify for (check all that apply):	

**AGENCY INFORMATION:**

PARENT Agency Name \_\_\_\_\_

ASSIGNED TO Agency Name \_\_\_\_\_ Rank/Title \_\_\_\_\_

Work Location Street Address \_\_\_\_\_ ( ) \_\_\_\_\_ Agency Phone Number

Work Location City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_ ( ) \_\_\_\_\_ Agency FAX Number

**RESIDENCE INFORMATION:** (optional)

if you want your mail to go to your home check here , otherwise we'll send your mail to your agency.

Residence Street Address \_\_\_\_\_  Apt    Spc    Unit

Residence City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_ ( ) \_\_\_\_\_ Residence Phone Number

E-mail address \_\_\_\_\_ ( ) \_\_\_\_\_ Pager Number

**REQUIRED! SPONSOR INFORMATION** (a sponsor can be a current CNOA Member or your immediate supervisor)

Name \_\_\_\_\_ Agency \_\_\_\_\_

Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

*Office Use Only*

CNOA ID# \_\_\_\_\_

**METHOD OF PAYMENT:**

- Check/ Money Order    Visa    Master Card    AMEX

Amount Enclosed for New Membership or Renewal Dues \$ \_\_\_\_\_

Survivor's Memorial Fund Donation or NEFA \$ \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_   **Credit Card Number**   **Expiration Date**   **Total Amount**

\_\_\_\_\_  
Signature

<b>OFFICE USE ONLY</b> (expires 12/31/2008)	CNOA Member ID # _____	CNOA Region # _____
---	------------------------	---------------------

\*applications postmarked 8/1/2008 thru 7/31/2009 will be applied to 2009 membership.

PO Box 55009, Santa Clarita, CA 91385-0009 • Phone: (661) 775-6960 • FAX: (661) 775-1648