



California Narcotic Officers' Association

Application for Membership & Renewal 2012*

PLEASE PRINT

DATE: _____

NEW MEMBER	<input type="checkbox"/> \$75.00	<i>Office Use Only</i>	Membership Paid by:	Agency _____ Self _____
RENEWAL	<input type="checkbox"/> \$75.00			
ASSOCIATE	<input type="checkbox"/> \$75.00			
CNOA I.D.#			POST I.D. # (Necessary for receiving POST & other credits)	
Name (Last, First, M.I.) <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		Date of Birth	Nickname (optional)	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! LAW ENFORCEMENT VERIFICATION INFORMATION (can be a current CNOA Member or a Department reference)

Name _____ Agency _____

Phone Number () _____

METHOD OF PAYMENT:

Amount Enclosed for New Membership or Renewal Dues \$ _____

Survivor's Memorial Fund Donation \$ _____

Narcotic Educational Foundation of America Donation \$ _____

Check/Money Order Visa Master Card AMEX _____ / _____ \$ _____

Credit Card Number Expiration Date Total Amount

Signature

(I authorize CNOA to charge the agreed amount listed above to my credit card provided herein.)

Yes, I would like my dues deducted automatically on an annual basis with autodraft (Lifetime Membership after 15 consecutive years)

*Applications postmarked 8/1/2011 thru 7/31/2012 will be applied to 2012 Membership

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