



NEW HANOVER COUNTY
LAW ENFORCEMENT OFFICERS ASSOCIATION
P.O. Box 7501
Wilmington NC 28406



MEMBERSHIP RENEWAL FORM 2025

All Blanks Must Be Filled In LEGIBLY

Name: _____
(Last) (Jr/Sr) (First) (MI) (DOB)

Address: _____

City, State, Zip: _____

Phone: _____
(Home/Cell) (E-Mail)

VISIT YOUR ASSOCIATION WEB SITE - WWW.NHCLEOA.COM

As a member of the NHCLEOA I agree to abide by the Constitution and By Laws of the Association and to attend 2 general meetings and perform at least (2) two approved work days per year as a condition of continued membership. If I am unable to meet the attendance or work day requirements, I must submit a Waiver Request in writing to the Board. I am aware that duplicating or loaning my KEY or MEMBERSHIP / RANGE ACCESS CARD is a willfull violation of the Range Regulations or Safety Rules and may result in the loss of my Range Privileges and / or my Membership. I have received, read, understand and will comply the Range Regulations and Safety Rules.

Signature: _____ **Date:** _____

Dues: \$100.00 Assessments: \$ _____ Total: \$ _____

ADMINISTRATIVE USE ONLY: Do Not Write in this Section

Membership Type: Active () Associate () Special () Other _____

Total Received: _____ Date Rec: _____ Rec & Approved By: _____

Cash _____ Check # _____