



(NBPOA)

MEMBERSHIP APPLICATION FORM

This **NEW BALTIMORE POLICE OFFICERS ASSOCIATION MEMBERSHIP APPLICATION FORM** (also referred to herein as **NBPOA MEMBERSHIP APPLICATION FORM**) has been authorized and approved by the **Executive Board of New Baltimore Police Officers Association (NBPOA)** for use in the **Application Process, Review Process and Selection Process** for **Membership in New Baltimore Police Officers Association** (also referred to herein as **NBPOA**). All persons desiring to become a **Regular Member** or **Associate Member** of **NBPOA** shall fully complete, date, sign and submit this **NBPOA MEMBERSHIP APPLICATION FORM** to the **Secretary of NBPOA** as required by the **Constitution and Bylaws of New Baltimore Police Officers Association**. All information, answers, responses and representations made by an **Applicant** herein must be **honest and truthful**. Failure to provide honest and truthful information, answers, responses and representations shall constitute grounds for **denial** of **Membership in NBPOA** and/or grounds for the **loss** of **Membership in NBPOA**. Under the **Constitution and Bylaws of NBPOA** the **Executive Board of NBPOA** may require **Applicants** to pay an **Application Fee** to be paid and submitted at the time an **Applicant** submits his or her completed, dated and signed **NBPOA MEMBERSHIP APPLICATION FORM** to the **Secretary of NBPOA**. If an **Application Fee** is required at the time the **Applicant** submits his or her said **NBPOA MEMBERSHIP APPLICATION FORM**, such **Application Fee** must be **paid in full** as required in order for the **Applicant's NBPOA MEMBERSHIP APPLICATION FORM** to be accepted, reviewed, processed and acted upon.

PLEASE PROVIDE THE FOLLOWING INFORMATION

FULL NAME OF APPLICANT:

Mr. / Mrs. / Ms. / Miss:

OTHER NAMES BY WHICH APPLICANT IS KNOWN OR HAS BEEN KNOWN IN THE PAST, INCLUDING ANY AND ALL ALIASES EVER USED BY APPLICANT:

APPLICANT'S DATE OF BIRTH:

CURRENT ADDRESS OF APPLICANT:

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CONTACT INFORMATION FOR APPLICANT:

Home Telephone Number(s):

Cell Phone Number(s):

Fax Telephone Number(s):

E-Mail Address (es):

APPLICANT'S SOCIAL SECURITY NUMBER:

APPLICANT'S DRIVERS/OPERATORS LICENSE:

DISCLOSURE OF CRIMINAL HISTORY:

I have been convicted of the following Felony and/or Misdemeanor Crime(s), Charge(s) and/or Offense(s). [List and detail any and all prior criminal convictions, including the nature of the original Charge(s), a full description of the actual Crime(s) Charge(s) and/or Offense(s) Applicant was convicted of, the date(s) of conviction(s), whether the conviction(s) occurred as a result of a Trial or Plea, the jurisdiction(s) / court(s) in which conviction(s) occurred and the nature of the Sentence(s) imposed upon Applicant as a result of the conviction(s) and whether or not Applicant is currently on Probation or Parole. Provide this information on attached additional sheets if necessary.] If Applicant has no prior criminal conviction(s), simply indicate "None":

I have and/or am aware of the following criminal Charge(s) pending or threatened against me at the present time. [List and detail all such matters indicating if the criminal Charge(s) is/are actually pending against the Applicant or are merely threatened against the Applicant, the jurisdiction(s) and/or court(s) in which or before which such Charge(s) are pending and/or threatened, a full description of the Charge(s) and the status of any criminal proceedings incident thereto. Provide this information on attached additional sheets if necessary.] If Applicant neither has nor is aware of any Criminal Charge(s) pending or threatened against the Applicant, simply indicate "None":

CHECK TYPE OF MEMBERSHIP IN NBPOA FOR WHICH APPLICANT IS APPLYING:

CHECK ONE:

_____ I am applying for REGULAR MEMBERSHIP in NBPOA.

_____ I am applying for ASSOCIATE MEMBERSHIP in NBPOA.

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NBPOA MEMBERSHIP APPLICATION FORM

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APPLICATION FEE:

I am submitting herewith an Application Fee in the amount of \$_____, as required by the Executive Board of New Baltimore Police Officers Association.

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Applicant understands that no person having a Felony conviction or other “serious” criminal conviction on his or her record shall be permitted to become a REGULAR MEMBER or ASSOCIATE MEMBER of NBPOA or to remain a REGULAR MEMBER or ASSOCIATE MEMBER of NBPOA in accordance with the Constitution and Bylaws of New Baltimore Police Officers Association.

Applicant understands that NBPOA will conduct and obtain a Criminal History Report/Background Check relative to the Applicant. Applicant EXPRESSLY AGREES TO, AUTHORIZES AND CONSENTS TO this Criminal History Report/Background Check and AGREES TO, AUTHORIZES AND CONSENTS TO allowing and permitting New Baltimore Police Officers Association, its Executive Board, Officers, agents, representatives or employees to conduct and obtain such a Criminal History Report/Background Check relative to the Applicant and Applicant EXPRESSLY WAIVES any privilege or right to privacy that Applicant may have relative to any such information.

Applicant understands and acknowledges that Applicant may be asked by NBPOA and/or its Executive Board, Officers, agents, representatives or employees to Answer other or additional questions or to provide other or additional information to assist NBPOA in reviewing, assessing and acting upon Applicant’s NBPOA MEMBERSHIP APPLICATION FORM and Applicant agrees to provide all such other or additional Answers and/or Information that may be required of Applicant.

DATED:_____

(Signature of Applicant)

(Print/Type Name of Applicant)

APPLICANT’S SPONSOR (IF REQUIRED):

I, _____, a _____ MEMBER of New Baltimore Police Officers Association, hereby Recommend and Sponsor the above-named Applicant for ASSOCIATE MEMBERSHIP in New Baltimore Police Officers Association.

(Signature of Sponsor)