



NEW JERSEY SUPERIOR OFFICERS LAW ENFORCEMENT ASSOCIATION

www.NJSOA.org

Eligible Retiree's Application for Active Membership

Full Name: _____ Contact #: _____

Mailing/Email Address: _____

Institution or Subunit upon Retirement: _____

Law Enforcement Title at Retirement: _____ Email: _____

Birth Date: _____ Social Security #: _____

Retirement Date: _____ State Seniority Date: _____ Promotion Date: _____

Name of Beneficiary: _____

Address of Beneficiary: _____

Oath of Membership

I affirm, neither under duress nor any type of mental reservation whatsoever, that the information provided by me above is true to the best of my knowledge and that if accepted into full membership in the New Jersey Superior Officers Law Enforcement Association, I do hereby affirm my allegiance to the constitution, bylaws, ordinances and lawful orders of this Association as well as to those of the organization with which it may be affiliated. Furthermore, if my membership should be revoked or discontinued for any dishonorable cause, I do hereby agree to return to this Association my membership card(s) or any other material belonging to or bearing the insignia(s) of this organization.

Date: _____ Signature: _____

Do Not Write Below This Line

Secretary's Notes

Review Date: _____ Date Presented for Acceptance: _____

Accepted: Rejected: Comments: _____