

APPLICATION FOR MEMBERSHIP

If you are interested in becoming a member, please complete this application using our 2 part registration process. You can also print and mail the application along with a \$50 check or money order made payable to AAPLE.

American Academy for Professional Law Enforcement New York City, Inc.

P.O. Box 917, Peck Slip Station
New York, New York 10272

Use our *Easy 2-Part* membership process. You must complete part 1 and 2 of this form.

Please Specify: New Member Renewal

1
PART

Name/First: _____ **M.I.:** _____ **Last:** _____

Home: (used for contact and mailings) **Suffix:** _____

Address: _____ **Apt/Suite:** _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: (_____) _____ **Alternate Phone:** (_____) _____

Email Address: _____

Business:
Agency/Corp/Entity: _____ **Title/Position:** _____

Address: _____ **Suite Room:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** (_____) _____

Professional Work History:
Agency/Corp/Entity: _____ **Address:** _____

Position: _____ **Years:** _____

Education:
Undergraduate School: _____ **Degree:** _____ **Years:** _____

Graduate School: _____ **Degree:** _____ **Years:** _____

Professional School: _____ **Degree:** _____ **Years:** _____

Columbia Univ. P.M.I. Year: _____ **FBI N.A.: Class:** _____ **Southern Police Inst. Class:** _____

Referred by AAPLE member: _____

(Please click **Submit Application button** before continuing to part 2)

You are almost done. Just click the arrow below to complete the payment transaction.



2
PART

THIS SECTION IS FOR OFFICE USE ONLY: Full Member Associate Member Special Member
 Membership Committee Signature _____