



NEW JERSEY SUPERIOR OFFICERS LAW ENFORCEMENT ASSOCIATION

www.NJSOA.org

Eligible Employee's Application for Active Membership

Full Name: _____ Off-Duty Contact #: _____
Mailing Address: _____
Institution or Subunit: _____
Law Enforcement Title: _____ E-Mail: _____
Birth Date: _____ Social Security #: _____
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 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 (honorable retirement and promotion excluded, of course, for example), I do hereby agree to return to this Association my membership card(s) or any other material belonging to or bearing the insignia of this Association.

Date: _____ Signature: _____

Do Not Write Below This Line

Secretary's Notes

Review Date: _____ Date Presented for Acceptance: _____

Accepted: Rejected: Comments: _____