



**THE ASSOCIATION OF CHIEFS OF  
POLICE  
Essex County, New Jersey**

**MEMBERSHIP APPLICATION**

**Retired Chief of Police**

(Please print or type)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Department/Agency Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Date Retired: \_\_\_\_\_

Personal Address

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please mail completed application to:  
**The Association of Chiefs of Police  
C/o Essex County College Police Academy  
250 Grove Avenue  
Cedar Grove, NJ 07009**