



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

**MEMBERSHIP APPLICATION**

**Associate Member**

(Please print or type)

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

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

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

Work Address

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

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

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

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

Fax #: \_\_\_\_\_

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

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

Personal Address

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

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

Qualifications to be an associate member: \_\_\_\_\_

\_\_\_\_\_

Name, title and contact information of member of law enforcement who we may contact for a reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
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**