California Narcotic Officers' Association

Application for Membership & Renewal 2010*

PLEASE PRINT

NEW MEMBER **RENEWAL** **ASSOCIATE**	❑ **$75.00** ❑ **$75.00** ❑ **$75.00**	**Membership Paid by:**	**Agency** _____ **Self** _____
		(NEW) P.O.S.T. I.D. # (Necessary for receiving POST & other credits)	
Name (Last, First, M.I.) ❑Mr. ❑Ms. ❑Mrs.			POST❑ STC❑ MCLE❑
Salutation	Date of Birth	Nickname *(optional)*	Credits you qualify for (*check all that apply*):

AGENCY INFORMATION:

PARENT Agency Name

ASSIGNED TO Agency Name | Rank/Title

Work Location Street Address | ☎ ( ) Agency Phone Number

Work Location City, State, Zip Code | County | ☎ ( ) Agency FAX Number

RESIDENCE INFORMATION: *(optional)*

If you want your mail to go to your home check here ❑, otherwise we'll send your mail to your agency.

Residence Street Address | ❑Apt ❑Spc ❑Unit

Residence City, State, Zip Code | County | ☎ ( ) Residence Phone Number

✉ E-mail address | ☎ ( ) Pager Number

REQUIRED! ***SPONSOR INFORMATION*** (a sponsor can be a current CNOA Member or your immediate supervisor)

Name | Agency

☎ Phone Number | ***Office Use Only*** CNOA ID# | ✍ Signature

METHOD OF PAYMENT:

Amount Enclosed for New Membership or Renewal Dues $_____

Survivor's Memorial Fund Donation or NEFA $_____

❑ Check/Money Order ❑ Visa ❑ Master Card ❑ AMEX __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Credit Card Number __ __/__ __ Expiration Date $_____ Total Amount

✍ Signature

☐ Yes, I would like my dues deducted automatically on an annual basis with autodraft (Lifetime Membership after 15 consecutive years)

*Applications postmarked 8/1/2009 thru 7/31/2010 will be applied to 2010 Membership

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