

NERLEEA P.O. Box 199 Niantic, CT 06357



2014 Adult Application for Membership Must be a minimum of 21 years old

			Date:
*Department:		*Department Pl	hone #: ()
*Name:			
*Address (Dept.):			
*City:	*State: _	* Zip:	
*Phone #:	*Circle one: Work / Cell / Ho	me	
*E-Mail:	(for online	e registration purposes)	
*Date of Birth:	*Are you a sworn officer	? Yes No If Yes, wl	hat's your rank?
W	ould you like to be added to the email d	istribution list? Yes No	0
*ALL information is required for insurance reasons and failure to provide all information requested will result in non-registration with NERLEEA and also failure to cover the individual named above under any and all insurance policies which would cover Active Registered members. I understand that this form must be filled out legibly so that information can be easily read in the event that it is needed for insurance or other reasons.			
confidential and not shared with other	d cell phone numbers, home addresses, organizations or persons without permisectors of our various events which would	ssion of the person the information	on belongs to. This does not preclude
Do we have your permission to share y	our Email with other Cadet Programs an our office # with other Cadet Programs a our Cell # with other Cadet Programs an	and Law Enforcement professiona	als? Yes No
	HOLD HARMLESS	AGREEMENT	
I			
indemnified against herein, within	e to NERLEEA of any act or occurren ten (10) days of knowledge of such obligations of NERLEEA as agreed to	occurrence or act. A lapse in	
	Signature	Date	