

**EMERALD SOCIETY OF NEW ORLEANS**

P.O. BOX 640011  
KENNER, La. 70064

**2020**

**APPLICATION FOR MEMBERSHIP**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS (Include City, State & Zip Code)

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER & AREA CODE: \_\_\_\_\_

CELLULAR TELEPHONE NUMBER & AREA CODE: \_\_\_\_\_

**APPLYING FOR (PLEASE CHECK ONE):**

\_\_\_\_ Active (Active Full Time/Retired Law Enforcement Officer of Irish Decent)

\_\_\_\_ Associate (Full Time/Retired Law Enforcement Officer Not of Irish Decent)

\_\_\_\_ Auxiliary (Open Membership/Civilian Status)

\_\_\_\_ Renewal (For Previous Year Members In Good Standing)

**NAME OF AGENCY:** \_\_\_\_\_

FEDERAL \_\_\_\_\_ STATE \_\_\_\_\_ CITY \_\_\_\_\_ SHERIFF \_\_\_\_\_

(Dues are \$125.00 and are due on January 1<sup>st</sup>)

Make Checks Payable To: EMERALD SOCIETY OF NEW ORLEANS

Mail Checks To: Emerald Society, P.O. Box 640011, Kenner, La. 70064

\*\* As a member of the Emerald Society of New Orleans, I hereby understand that I assume all risks associated with attending meetings, participating in parades and all other activities associated with the organization. I agree that I will conduct myself in an appropriate manner when engaged in activities of the Emerald Society of New Orleans and will release the organization and it's Board of Officers for any losses or damages sustained by me as a result of my participation in the organization's various activities.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**BOARD APPROVAL SIGNATURE:** \_\_\_\_\_

PAID BY CASH \_\_\_\_\_ CHECK # \_\_\_\_\_