

EMERALD SOCIETY OF NEW ORLEANS

P.O. BOX 640011
KENNER, La. 70064

2017 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 \$100.00 and are due on January 1st)

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 # _____