

# CJC Membership Application

Name: \_\_\_\_\_

ACC Student ID #: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative contact #: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_

Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_



Are you an active law enforcement officer seeking honorary membership status? \_\_\_\_\_

If yes, what dept? \_\_\_\_\_

Area of expertise, special qualifications, or TCLEOSE instructor license(s):  
\_\_\_\_\_

## Department/Executive Use only

Student status: \_\_\_\_\_ GPA: \_\_\_\_\_

Major verified: \_\_\_\_\_

TCIC/NCIC Returns: \_\_\_\_\_ Liability Waivers received: \_\_\_\_\_

Dues: \_\_\_\_\_

Membership granted: \_\_\_\_\_