



**POLICE EMERALD SOCIETY OF BALTIMORE, MARYLAND
MEMBERSHIP APPLICATION / RENEWAL**



NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER OF EASY CONTACT _____ EMAIL _____

DEPT / AGENCY _____ RETIRED? _____ IF YES, DATE RETIRED _____

DO YOU CURRENTLY HAVE PES TAGS? _____ IF YES, FILL IN YOUR TAG NUMBER:



TO THE OFFICERS OF THE POLICE EMERALD SOCIETY OF BALTIMORE, MARYLAND:

I THE UNDERSIGNED DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE POLICE EMERALD SOCIETY OF BALTIMORE, MARYLAND. FURTHER, IT IS UNDERSTOOD THAT ACCEPTANCE IN THE POLICE EMERALD SOCIETY OF BALTIMORE, MARYLAND DOES NOT IN ANY WAY PROTECT THE MEMBER AGAINST VIOLATIONS OF THE LAW, NOR HAS THE MEMBER BEEN PROMISED ANY FAVORS OR IMMUNITY BY ANY LAW ENFORCEMENT OFFICER. I ALSO UNDERSTAND THAT I MAY NOT TAKE ANY LAW ENFORCEMENT ACTION SOLELY BY VIRTUE OF MY MEMBERSHIP IN THE POLICE EMERALD SOCIETY OF BALTIMORE, MARYLAND. I PROCLAIM TO BE OF GOOD MORAL CHARACTER AND A LAW ABIDING CITIZEN OF THE UNITED STATES OF AMERICA. THE BOARD OF DIRECTORS MAY REQUEST VERIFICATION OF THE TYPE OF MEMBERSHIP A PERSON IS APPLYING FOR.



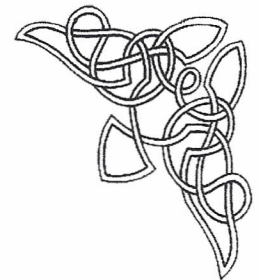
PLEASE PLACE AN (X) IN THE APPROPRIATE BOXES:

ACTIVE MEMBER
(SWORN LAW ENFORCEMENT OFFICER)

ASSOCIATE MEMBER
(SPONSORED BY CURRENT PES MEMBER)

NEW MEMBER APPLICANT

MEMBERSHIP RENEWAL



IF ASSOCIATE MEMBER, NAME OF SPONSOR _____

PLACE AN (X) IN THE BOX FOR THE TERM OF MEMBERSHIP YOU'RE APPLYING FOR:

ONE (1) YEAR MEMBERSHIP- \$30.00

THREE (3) YEAR MEMBERSHIP- \$75.00

SIGNATURE: _____ DATE: _____

MAKE CHECKS PAYABLE TO POLICE EMERALD SOCIETY AND MAIL TO:
POLICE EMERALD SOCIETY P.O. BOX 2201 BALTIMORE, MARYLAND. 21203-2201