CMOA MEMBERSHIP APPLICATION YEAR: 2010

Mail to: **CMOA**
1760-F Airline Hwy, #149, Hollister, CA 95023
www.californiamounted.net

*NEW MEMBER: _____ RENEWAL: _____

(NO PRORATED MEMBERS)
Annual Membership Dues Jan. 1 – Dec 31)

I am applying for the following class of membership:
_____ Regular $35.00 (U.S. Dollars only)
_____ Associate $35.00 (U.S. Dollars only)

Name: _____
First **Middle** **Last**

Title/Rank: _____

Name of Agency: _____

Address of Agency: _____
Street **City** **State** **ZIP**

Mailing Address: _____
Street **City** **State** **ZIP**

Business Phone: _____

Other Phone: (Best number at which to reach you): _____

E-Mail Address: _____

Notify about Trainings By: (Pick one or Both): Mail _____ Email _____

Full-Time Sworn: _____ Reserve Level I: ____ II: ___ III: _____ Volunteer: _____

***NEW APPLICANTS ONLY: PLEASE FURNISH THE FOLLOWING DOCUMENTS:**

Photocopy of Identification Card and Verification/Affiliation of Employment on Agency Letterhead
Membership Dues (U.S. Dollars Only) – Please make Checks or Money Orders Payable to:
California Mounted Officers Association

Signature of Applicant:_____ Date: _____
(Required)

POINT OF CONTACT: Sharon Slattery, CMOA Administrative Coordinator, (831) 630-1033

Requirements for Membership

Regular Members: Any full-time Law Enforcement Officer to include Level I and Level II Reserve Law Enforcement Officers**, active or retired**, with an interest in Mounted Law Enforcement. Any individual affiliated with a Law Enforcement Agency Mounted Unit and performing one of the following functions: (a) **Level III** Reserve Law Enforcement Officer; (b) **Volunteer Mounted Group**; (c**) Sheriff and Police Posses**; (d) **Paid or Volunteer Civilians** associated with a Mounted Unit.

Associate Members: Any State-certified private security Mounted Unit employee, working for a private security company under contract to a governmental or law enforcement agency to provide mounted patrol services.

All applications for membership must be in writing and approved by the Membership Committee.

CMOA Use Only
Check No:_____ Date Rec'd _____ Membership file: _____ Card Sent:_____