



California Narcotic Officers' Association

Application for Membership & Renewal 2024*

PLEASE PRINT

DATE: _____

NEW MEMBER RENEWAL ASSOCIATE	<input type="checkbox"/> \$100.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$100.00	Membership Paid by: Agency _____ Self _____	
Name (Last, First, M.I.) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		POST I.D. # (Necessary for receiving POST & other credits)	
Salutation	Date of Birth	Nickname (optional)	POST <input type="checkbox"/> STC <input type="checkbox"/> MCLE <input type="checkbox"/> Credits you qualify for (check all that apply):

AGENCY INFORMATION:

PARENT Agency Name _____

ASSIGNED TO Agency Name _____ Rank/Title _____

Work Location Street Address _____ Agency Phone Number () _____

Work Location City, State, Zip Code _____ County _____ Agency FAX Number () _____

RESIDENCE INFORMATION: (optional)

If you want your mail to go to your home check here , otherwise we'll send your mail to your agency.

Residence Street Address _____ Apt Spc Unit

Residence City, State, Zip Code _____ County _____ Residence Phone Number () _____

E-mail address _____ Cell Number () _____

REQUIRED! **Verification of Law Enforcement** (can be a current CNOA Member or a department reference)

Name _____ Agency _____

Phone Number _____ **Office Use Only** CNOA ID# _____ Signature _____

METHOD OF PAYMENT:

Check/Money Order
 Visa
 Master Card
 AMEX
 _____ / _____
 \$ _____

Credit Card Number
 Expiration Date
 Total Amount

 Signature

Amount Enclosed for New Membership or Renewal Dues \$ _____
 Survivor's Memorial Fund Donation \$ _____
 Narcotic Educational Foundation of America Donation \$ _____

Yes, I would like my dues deducted automatically on an annual basis with autodraft (Lifetime Membership after 15 consecutive years)

*Applications postmarked 8/1/2023 thru 7/31/2024 will be applied to 2024 Membership