

The Black Law Enforcement Assn of Washington Inc.

Membership Application

(Please fill out completely)

Name: _____

Agency (if applicable): _____

Rank/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (H) _____ (W) _____

(Cell) _____

Years of service (if applicable): _____

What certifications do you hold (if any): _____

How did you hear about BLEAW: _____

Why do you want to join BLEAW: _____
