

HISPANIC AMERICAN LAW ENFORCEMENT ASSOCIATION

501 (C) (3) NON-PROFIT ORGANIZATION
P.O. BOX 24148
JERSEY CITY, NJ 07304
(862)217-4161
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Associate Membership Application

I hereby apply for membership in the Hispanic American Law Enforcement Association and make each of the following statements of facts, personally known to me, intending that the Association rely upon truth of each in acting upon this application

| | | | |
|-----------------------|-------|-----------------------|-------|
| Last Name | _____ | First Name | _____ |
| Middle Name | _____ | Street Address | _____ |
| Municipality | _____ | State | _____ |
| Zip Code | _____ | Cell Number | _____ |
| Home Number | _____ | Date of Birth | _____ |
| E-Mail Address | _____ | Employer | _____ |
| Work Address | _____ | Municipality | _____ |
| State | _____ | Zip Code | _____ |

If elected to membership, I agree to abide and be governed by the present Constitution and By-Laws of The Hispanic American Law Enforcement Association and Future amendments, modifications and changes thereto.

Sponsored By

Dated

Applicant Signature

Dated

\$40.00 Check / Money Order # / PayPal

Please remit dues and initiation fee of \$40.00 check or money order only, payable to:

Hispanic American Law Enforcement Association

Along with this application and mail to:

H.A.L.E.A.

P.O. Box 24148

Jersey City, NJ 07304

PayPal payments can be submitted at: www.halea.org/membership