



New_____

Renewal_____

**Minnesota Law Enforcement Memorial Association
614 Aqua Circle, Lino Lakes, MN 55014**

_____ Regular (peace officer) _____ Survivor _____ Associate
_____ Active _____ Retired

All applicants for membership please provide:

Name _____

Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Work Phone _____

Peace Officers applying for a Regular Membership please provide:

Agency _____ **Rank** _____

POST Number _____ Years in Law Enforcement _____

Applicants for survivor membership please provide information about your officer:

Name _____ **Agency** _____

Date of Death _____ Relationship to You _____

I certify that the information provided by me is true and correct to the best of my knowledge. I understand that knowingly making a false statement on this application is grounds for termination of my LEMA membership.

Signature

Date

This application for membership will not be accepted unless accompanied by annual dues of \$10. Please make check or money order payable to LEMA.

LEMA use only: _____ Dues _____ Board Approval _____ Records