



Minnesota Law Enforcement Memorial Association

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 \$15. See LEMA website for Agency Membership Rates. [www.mnlema.org](http://www.mnlema.org)  
Please make check or money order payable to LEMA.**

LEMA use only:    \_\_\_\_ Dues    \_\_\_\_ Board Approval    \_\_\_\_ Records