



EMERALD SOCIETY

OF THE
STATE OF NEW JERSEY
LAW ENFORCEMENT OFFICERS AND FIREMEN
ESSEX COUNTY CHAPTER No. 1

APPLICATION FOR MEMBERSHIP

Date _____

I hereby apply for membership in the EMERALD SOCIETY of the State of New Jersey, and make each of the following statements of facts, personally known to me, intending that the Society rely upon the truth of each in acting upon this application:

Name _____
(Print)

Address _____

City or Town _____

Department _____ Rank _____ Shield No. _____

Age _____ Date of Birth _____

Telephone _____ Active _____ Retired _____

On what do you base your Irish ancestry? (Include County) _____

If elected to membership, I agree to abide by and be governed by the present Constitution and By-Laws of the Emerald Society and any future amendments, modifications and changes thereto.

Signature _____

Sponsor/Delegate _____ Department _____

Initiation Fee + 1 Yr. Dues _____

Elected to
Membership

Passed by
Membership Committee

Date _____

Date _____

Date _____ 19 _____

Amount Received \$ _____

Member _____

Received by _____