Low Country Retired Law Enforcement Officers Association, Inc.

198 Okatie Village Drive, Suite 103-120, Okatie, South Carolina 29909

Applicant Information

Name: _____

Address: _____

City / State/ Zip: _____

Email: _____

Phone: _____

Date of Birth: _____

Previous Sworn Law Enforcement Service*

Department Name: _____

Department Address: _____

City / State / Zip: _____

Total length of sworn law enforcement service: _____

Type of sworn status (e.g., full time, reserve, part-time): _____

Separation Status (e.g., retirement, separation, disability): _____

Rank / Title at time of separation: _____

Areas of expertise (optional): _____

Interest in conducting volunteer training or presentations: Yes ( ) No ( )

Please remit annual dues of $40 with this application.

Retirement Photo ID Required (please attach a copy with this application)

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or revocation of membership.

Signature & Date: _____ _____

Optional Information for H.R. 218 - LEOSA Qualifications only

Weapon: Revolver ( ) or Semi-automatic pistol ( )
Make: _____ Model: _____ Caliber: _____

Current LEOSA or State Concealed Carry Permit? Yes ( ) No ( )
If yes, list state and permit number and attach a copy of card(s)

_____

For combined service with more than one agency, list additional information on an attachment

lcrleoa@gmail.com