



Kentucky Constable Association, Inc.

4917 Dixie Highway, Suite L, Louisville, Kentucky 40216

On the WEB: <http://www.kentuckyconstableassociation.org>

MEMBERSHIP APPLICATION

MEMBERSHIP REQUIREMENTS: All applicants **SHALL** have a background check performed **BEFORE** being accepted!

ACTIVE [VOTING] MEMBER: Current or former elected or appointed Kentucky Constable or Deputy Constable. If former Constable or Deputy - membership must not have lapsed.

ASSOCIATE MEMBER: Current or former **SWORN** Peace Officer (local, state, or federal) with Powers of Arrest or any citizen that desires to preserve, protect, foster, and improve the office of Constable in the Commonwealth of Kentucky.

TYPE OF MEMBERSHIP: PLEASE NOTE: Only check one JUNIOR AUXILIARY MEMBERS are those that have not reached the age of 18.

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|-------------------------------------|---|-------------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL | ACTIVE MEMBER: \$40 | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL | AUXILIARY MEMBER: \$10 |
| <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL | ASSOCIATE MEMBER: \$25 | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL | CORPORATE MEMBER: \$100 |
| <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL | JUNIOR AUXILIARY MEMBER: \$0 | | | |

[PLEASE PRINT LEGIBLY - ALL INFORMATION IN THIS APPLICATION IS PRIVATE & PRIVILEGED AND WILL NOT BE RELEASED]

NAME: _____

MAILING ADDRESS: _____

E-MAIL: _____

OFFICE TELEPHONE:(_____) _____ **HOME TELEPHONE:** (_____) _____

MOBILE TELEPHONE: (_____) _____
Mark which phone numbers you would like to have contacted for updates and information via an automated calling system.
 Office Home Mobile

COUNTY: _____ **DISTRICT:** _____

CURRENT POSITION: _____

IF YOU ARE A CURRENT ELECTED CONSTABLE, NUMBER OF VOTES YOU RECEIVED IN THE LAST ELECTION: _____

PLEASE NOTE: This VERY IMPORTANT information is requested by our LEGISLATIVE COMMITTEE.

PLEASE CONSIDER MY APPOINTMENT TO THE FOLLOWING COMMITTEE(S):

TRAINING THAT I WOULD LIKE TO SEE THE ASSOCIATION SPONSOR:

Please make checks payable to the KENTUCKY CONSTABLE ASSOCIATION, INC., and mail to: 4917 Dixie Highway, Suite L, Louisville, Kentucky 40216

I, the above applicant agree by signing below to request that the above named agency/organization be provided with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless any employee(s) of the agency/firm providing the background history information and furthermore any Kentucky Constable Association, Inc. Board of Director Representative(s) from any claim for damages arising from the dissemination of inaccurate information.

Applicant Signature

Date

Check here if you have read, understand and agree to abide by the Association By-Laws to become or remain a member.