

# Chicago Association of Women in Law Enforcement, Inc.



## Membership Application

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current or Retired Officer:  Active  Retired

Rank, Title, Position: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Type of Membership:  New Membership  Renewal Membership

### Membership Fee Schedule - Please circle appropriate membership/renewal

Time frame	Type		Dues/Fee Amount
<b>LAW ENFORCEMENT</b>			
1 year	Membership	Renewal	\$50
3 year	Membership	Renewal	\$125
<b>ASSOCIATE / RETIRED</b>			
1 year	Membership	Renewal	\$40
3 year	Membership	Renewal	\$105
Donation	Donation to CAWLE	Amount	\$ _____
		<b>TOTAL</b>	

Chicago Association of Women in Law Enforcement, Inc.

c/o Membership

PO Box 16111

Chicago, IL 60616-16111

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[www.cawle.org](http://www.cawle.org)

