



Chicago Association of Women in Law Enforcement, Inc.

CAWLE

Membership Application

Today's Date: _____

Full Name: _____
First Middle Last

Address: _____ City _____ State _____ Zip _____

Email Address: _____ Phone: _____

Sworn: ___Active or ___Retired Civilian: ___Active or ___Retired Associate: _____

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
LAW ENFORCEMENT ACTIVE / SWORN			
1 year	Membership	Renewal	\$50
3 year	Membership	Renewal	\$125
ASSOCIATE / RETIRED			
1 year	Membership	Renewal	\$40
3 year	Membership	Renewal	\$105
Donation	Donation to CAWLE	Amount	\$_____
		TOTAL	

Chicago Association of Women in Law Enforcement, Inc.

c/o Membership

PO Box 16111

Chicago, IL 60616-16111

email: cawlepresident@gmail.com

www.cawle.org

