



# Lancaster County Constable Association

P.O. Box 7934  
Lancaster, Pa 17604

## ASSOCIATE MEMBERSHIP APPLICATION

APPLICANT INFORMATION					
First Name		Last Name		M.I.	Date
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone			E-mail Address		

**MEMBERSHIP FEE  
\$ 50.00**

Associate Member (New)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Associate Member (Renewal)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OFFICIAL USE	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date Received	Amount \$
Form of Payment :	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ <input type="checkbox"/> PayPal
Received by:	Date:

Sponsored by:
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*Please make all checks payable to: **Lancaster County Constables Association**  
Or  
If Paying through PayPal please send payments to : **LancasterCountyConstables@gmail.com***

