



# Lancaster County Constable Association

P.O. Box 7934  
Lancaster, Pa 17604

APPLICANT INFORMATION						
First Name		Last Name		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Constable Certification Number			Currently Certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Status	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Deputy		Elected Area			
Radio #	11 - _____ <i>(If you do not currently have a radio number, one will be assigned by the Radio Committee)</i>					

## MEMBERSHIP FEES \$ 50.00

<b>NEW</b> Member	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current Member(Renewal)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Associate Member	<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: \_\_\_\_\_

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