## Kern County Law Enforcement Foundation



## **APPLICATION FOR MEMBERSHIP**

## KERN COUNTY LAW ENFORCEMENT FOUNDATION

## **APPLICANT**

NAME		CITY/STATE/ZIP_		
SOCIAL SECURITY #		DRIVER'S LICENSE #		
RESIDENCE PHONE #		BUSINESS PHONE #		
OCCUPATION		EMPLOYED BY		
BUSINESS ADDRESS		CITY/STATE/ZIP		
DATE OF BIRTH		PLACE OF BIRTH		
HEIGHT/optional	WEIGHT/optional	HAIR COLOR/optional	EYE COLOR/optional	
APPLICANT RECOMMENDED BY/mus	t be member of good standing			
NEXT OF KIN				
NA ME		RELATIONSHIP		
<u>ADDRESS</u>			PHONE #	
EMPLOYED BY		ADDRESS		
As a member of the Kern County Law Enforcement Foundation, I understand this does not authorize me any Peace Officer powers or permission to carry a firearm. Any misuse of my identification shall result in my immediate termination.				
I understand the identification issued shall remain the sole property of the Kern County Law Enforcement Foundation. Upon termination of Membership, I agree to surrender my identification card.				
I understand that the annual dues for the Foundation are \$100, and are not refundable after acceptance as a member. The dues are for the calendar year in which paid, with the exception that dues paid in the last calendar quarter of the year will be from that date until the end of the next calendar year.				
Having made application to become a member of the Kern County Law Enforcement Foundation, I hereby authorize the Kern County Sheriff's Department to conduct a thorough background investigation. This could include investigating any arrests, traffic citations and accident reports, credit records, criminal justice records, law enforcement detentions and interviews, and any other information source that could be used to determine my character.				
APPLICANT'S SIGNATURE			DATE	

Please enclose your check for Membership Dues of \$100 payable to the Kern County Law Enforcement Foundation and mail it to:

KERN COUNTY LAW ENFORCEMENT FOUNDATION

P.O.BOX 1249 • Bakersfield, Ca 93302-1249

TELEPHONE: 661.861.7911 EXT. 110