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## MEMBERSHIP APPLICATION

I am applying for membership to the Illinois Association of Law Enforcement Executives. I meet all requirements for eligibility.

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Title/Rank \_\_\_\_\_ Active or Retired? \_\_\_\_\_

Agency \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
Street or P.O. Box

City/Village \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Agency Name & Address (If Active) \_\_\_\_\_  
Street or P.O. Box

City/Village \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Note: Applicants who are not retired must obtain written approval from their agency head in the below listed space.

"I approve the above named member of our department for membership in the Illinois Association of Law Enforcement Executives."

Agency Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Agency Head and Title \_\_\_\_\_