



# FLORIDA ASSOCIATION of WOMEN LAW ENFORCEMENT PROFESSIONALS

1000 Brickell Avenue, Suite#715, PMB 349  
Miami Florida 33131

## APPLICATION FOR MEMBERSHIP

Please complete all sections on this application, ensure all information provided is accurate and up to date. Submit your completed application and submit payment via the online portal.

*Requires Adobe Reader or Adobe Acrobat*

NAME	DATE OF BIRTH
ADDRESS (Residence)	CITY, STATE, ZIP CODE
PHONE (Personal)	PHONE (Business)
DEPARTMENT / ORGANIZATION	
ADDRESS (Department)	CITY, STATE, ZIP CODE
RANK / PROFESSION	
BRIEFLY PROVIDE A BRIEF STATEMENT ON WHY YOU WANT TO JOIN FAWLEP	
E-MAIL ADDRESS (Personal)	
E-MAIL ADDRESS (Business)	
MAIL CORRESPONDENCE TO	CITY, STATE, ZIP CODE
MEMBERSHIP CLASSIFICATION AND ANNUAL DUES	
<input type="radio"/> Regular-\$100 <input type="radio"/> Regular-\$50 (Membership Prorated Until 12/31/24)	
SIGNATURE OF APPLICANT	DATE OF SUBMISSION

OFFICE USE ONLY		
AMOUNT PAID (CASH / CHECK / PP / MO)	DATE PAID	
MEMBERSHIP NUMBER	MEMBERSHIP IS FOR YEAR	AGENCY

PLEASE FORWARD YOUR COMPLETED APPLICATION WITH PAYMENT TO:  
FAWLEP, 1000 Brickell Avenue, Suite#715, PMB 349, Miami, FL 33131