

# NEW JERSEY TACTICAL OFFICERS ASSOCIATION NEW MEMBERSHIP FORM

Membership Type  Full Individual (\$30/Annual)  Associate Individual (\$30/Annual)  
 Corporate (\$300/Annual)  Team (\$150/Annual)

## Personal Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Rank: \_\_\_\_\_ (All applications must be accompanied by copy of ID Card)

Assignment:  Full Time SWAT  Patrol  CNT  TEMS  
 Part Time SWAT  Other \_\_\_\_\_

Email \_\_\_\_\_

Personal Agency Email  
\_\_\_\_\_

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Agency Information

Agency Name  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Population Served By Agency \_\_\_\_\_ Number of Sworn Officers In Agency \_\_\_\_\_

## Team Information

Team Name  
\_\_\_\_\_

Team Status  Full Time  Part Time Multi-Jurisdictional?  Yes  No

If Multi-Jurisdictional List Other  
Departments \_\_\_\_\_

# Tactical Members \_\_\_\_\_ # Negotiators \_\_\_\_\_ # TEMS \_\_\_\_\_ # Sworn TEMS \_\_\_\_\_

# Bomb Technicians \_\_\_\_\_ Geographic Area Served \_\_\_\_\_ Population Served \_\_\_\_\_

# Training Hours Initial Assignment On Team \_\_\_\_\_ # Training Hours Monthly \_\_\_\_\_

Please enclose:  Check# \_\_\_\_\_ Money Order \_\_\_\_\_

CC:  VISA  MC  DISCOVER CODE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

CHECKS OR MONEY ORDER MAKE PAYABLE TO "NJTOA"

Please mail completed application, copy of ID card, and payment to: NJTOA, PO Box 1088, Piscataway, NJ 08855

NJTOA, PO Box 1088, Piscataway, NJ 08855  
[WWW.NJTOA.ORG](http://WWW.NJTOA.ORG)