KY Constable Association, Inc.
500 Public Square, Suite 2
Columbia, Kentucky 42728
http://www.kentuckyconstableassociation.org

Official use only:

Body Accept/Denied: _____
Membership Card Sent: YES / NO
Method of Payment: _____
Receipt #: _____
By:

Membership Application

Category of Membership (Check One): ☐ New ☐ Renewal

MEMBERSHIP REQUIREMENTS: **All applicants SHALL have a background check performed BEFORE being accepted!**
ACTIVE [VOTING] MEMBER: Current or former elected or appointed Kentucky Constable or Deputy Constable. If former Constable or Deputy – membership must not have lapsed.

ASSOCIATE MEMBER: Current or former **SWORN** Peace Officer (local, state or federal) with Power of Arrest or any citizen that desires to preserve, protect, foster and improve the office of Constable in the Commonwealth of Kentucky.

TYPE OF MEMEBERSHIP: Only check one

JUNIOR AUXILIARY MEMBERS are those that have not reached the age of 18.

☐ Active Member: $50
☐ Associate Member: $25
☐ Corporate Member: $100
☐ Active Member/Conference Attendee: $80
☐ Auxiliary Member: $10
☐ Junior Auxiliary Member: $0

[PLEASE PRINT LEGIBLY – ALL INFORMATION IN THIS APPLICATION IS PRIVATE & PRIVILEGED AND WILL NOT BE RELEASED]

NAME: _____
First Middle Initial Last

MAILING ADDRESS: _____

_____

EMAIL: _____

OFFICE TELEPHONE: (_____) _____

HOME TELEPHONE: (_____) _____

MOBILE TELEPHONE: (_____) _____

Mark which phone numbers you would like to have contacted for updates and information via an automated calling system.
☐ Office ☐ Home ☐ Mobile ☐ Do not wish to receive these calls

COUNTY: _____ **DISTRICT:** _____

CURRENT POSITION: _____

PLEASE CONSIDER MY APPOINTMENT TO THE FOLLOWING COMMITTEE(S): _____

TRAINING THAT I WOULD LIKE TO SEE THE ASSOCIATION SPONSOR: _____

To become a member, please **fill out this application completely** include your **membership fee** (Checks payable to KY CONSTABLE ASSOCIATION) and mail to:

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Columbia, Kentucky 42728

I, the above applicant agree by signing below to request that the above named agency/organization be provided with any record of conviction found in the files of the KY centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless any employee(s) of the agency/firm providing the background history information and furthermore any KY Constable Association, Inc. Board of Director Representative(s) from any claim for damages arising from the dissemination of inaccurate information.

Applicant Signature: _____ Date: ____/____/_____

The Membership Fee is for the annual fiscal year being January to December. This fee is non-refundable.

☐ **Check here if you have read, understand and agree to abide by the Association By-Laws to become or remain a member.**