



Kentucky Constable Association, Inc.  
500 Public Square, Suite 2  
Columbia, Kentucky 42728

http://www.kentuckyconstableassociation.org

Official use only:

Body  Accepted  Denied  
Membership Card Sent: YES / NO  
Reviewed By: \_\_\_\_\_

## Membership Application

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

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

**MEMBERSHIP REQUIREMENTS:** All applicants SHALL have a background check performed BEFORE initial acceptance!  
**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 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  Junior Member: \$0

**[PLEASE PRINT LEGIBLY]**

**NAME:** \_\_\_\_\_  
First Middle Initial Last

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**OFFICE TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_

**MOBILE TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**HOME 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

**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:

Kentucky Constable Association, Inc.  
500 Public Square, Suite 2  
Columbia, Kentucky 42728

**My payment method:**  Check included  Money Order Included  Cash (Onsite Only)  PayPal

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_