

\_\_\_ New Application  
\_\_\_ Renewal

**\*THIS APPLICATION MUST BE SIGNED BY YOUR LOCAL CHIEF OF POLICE FOR THE TOWN YOU RESIDE IN\***

New Jersey State S.P.C.A.  
Passaic County District  
794 Lafayette Avenue  
Hawthorne, NJ 07506  
(973) 773-0459  
Application for Membership

(Application must be accompanied by a check or money order for \$25 annual dues)

Type or print clearly

Date \_\_\_\_\_

Type of Membership

Life \_\_\_ Sustaining \_\_\_ Active \_\_\_  
Associate \_\_\_ Junior \_\_\_ Honorary \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you have a current NJ Driver's License: \_\_\_\_\_ D.L. #: \_\_\_\_\_

Have your driving privileges ever been suspended or revoked? \_\_\_\_\_

If the answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List all violations in the past 5 years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been adjudged a juvenile delinquent or a disorderly person? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime that has not been expunged or sealed? \_\_\_\_\_

\_\_\_\_\_

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Are you currently or have you ever been an alcoholic? \_\_\_\_\_

Are you dependent upon the use of any narcotic or other controlled dangerous substance? \_\_\_\_\_

Are you currently or have you ever been treated for a drug abuse problem? \_\_\_\_\_

Do you suffer from a physical defect or sickness? \_\_\_\_\_

Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? \_\_\_\_\_

Have you ever been attended to, treated, or observed by any doctor or psychiatrist, or at any hospital or mental institution on an in-patient or out-patient basis for any mental or psychiatric condition? \_\_\_\_\_

Please list all organizations that you now belong, or have belonged to in the past: \_\_\_\_\_

Have you or do you now hold office in any of these organizations? \_\_\_\_\_

If you no longer belong to these organizations why did you leave? \_\_\_\_\_

Do you have ample free time to attend meetings, help with fundraising, and/or answer law enforcement complaints? \_\_\_\_\_

Would you be willing to hold office in the Passaic County S.P.C.A.? \_\_\_\_\_

Are you now employed? \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have any training in a field that would benefit the Passaic County S.P.C.A.? \_\_\_\_\_

Do you have a N.J. Firearms ID Card? \_\_\_\_\_

Have you ever been a member of a County or State S.P.C.A. or the A.S.P.C.A.? \_\_\_\_\_

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If yes why did you leave? \_\_\_\_\_

Will you agree to assist law enforcement in the investigation of cruelty complaints under the direction of the Chief of Law Enforcement? \_\_\_\_\_

Give the names, addresses, and phone numbers of three reliable people for references: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent and permission to the New Jersey S.P.C.A., Passaic County District, or its designated Police agency, to conduct a background search and check for any and all of my motor vehicle, employment, credit, and criminal records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position in the service of the New Jersey State S.P.C.A., Passaic County District.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Police Check

SWORN AND SUBSCRIBED TO ME BEFORE:

At \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_ THE ABOVE APPLICANT \_\_\_\_\_ HAS NO POLICE RECORD TO MY KNOWLEDGE.

CHIEF OF POLICE: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_