



NEW MEXICO ASSOCIATION OF CHIEFS OF POLICE

A subsection of the New Mexico Municipal League

Membership Application

Date: _____

Last Name: _____ First Name: _____

Title: _____

Entity/Municipality: _____

Mailing Address: _____

Street/City/Zip

Billing Address: _____

Street/City/Zip

Telephone #: _____ Fax #: _____

Email: _____ Cell #: _____

ANNUAL DUES

- 2024-2025 Membership is effective from July 1st – June 30th upon receipt of payment.
- If you must reference a purchase order for your billing purposes, please indicate PO# below.
- Checks payable to NM Association of Chiefs of Police or NMACP.
- For membership questions: Contact NMACP Liaison Fran Dunaway at fdunaway@nmml.org.

- ☐ **ACTIVE:** To be an active member, the applicant must be a Chief of Police in the State of New Mexico, whose dues have been paid. The term "Chief of Police" shall be defined to include duly appointed Chiefs of Police, Chief City Marshals, or Chief Administrators of a law enforcement agency in the State of New Mexico. Active Members may also include chief law enforcement officers of New Mexico state-owned colleges or universities. Annual dues are based on the size of the department:
- | | |
|---|--|
| <input type="checkbox"/> \$250.00 1 - 9 officers | <input type="checkbox"/> \$650.00 40 - 99 officers |
| <input type="checkbox"/> \$500.00 100 - 39 officers | <input type="checkbox"/> \$750.00 100 or more officers |

- ☐ **ASSOCIATE:** To be an associate member the applicant must be a Deputy Chief, Assistant Chief or law enforcement officer who is designated as second in command of a law enforcement agency in the State of New Mexico, or other persons associated with law enforcement upon approval of the Executive Committee. ☐ \$125.00.

- ☐ **LIFE MEMBER:** To be a life member, the applicant must be retired from the position held as an active member or associate member, have been a member of the Association upon retirement and receive a two-thirds majority vote by the active membership during the meeting at which the application is submitted, either by the retired member or an active member. No dues are required.

Invoice #	PO #	Invoice Date	Notice Date	Due Date	Balance Due
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover					
Name on Card:					
Check # Payable to NMMAA / Credit Card #:			Exp (mm/yy)	CVV	
Card Billing Address: (include City/State/Zip) – if different from above.					
Amt. Paid:	Pmt. Date:				

Signature (credit card only)

Complete this form and mail or email to:

Membership - New Mexico Municipal League

P.O. Box 846

Santa Fe, NM 87504-0846

membership@nmml.org

Fax: 505-984-1392