



Massachusetts Association of Campus Law Enforcement Administrators

MEMBERSHIP APPLICATION

Name: _____
(Last) (First) (MI)

Title: _____

Institution: _____

Address: _____

Phone: () _____ Fax: () _____

Email: _____

- Application for:
- | | | |
|--------------------------|-----------------------------|----------|
| <input type="checkbox"/> | Institutional Membership | \$100.00 |
| <input type="checkbox"/> | Associate Membership | \$ 75.00 |
| <input type="checkbox"/> | Affiliate Membership | \$100.00 |
| <input type="checkbox"/> | Supporting Membership | \$150.00 |
| <input type="checkbox"/> | Honorary/Retired Membership | |

Mail or fax completed application to:

MACLEA
c/o Ernest H. Leffler
Bentley University Police Department
175 Forest Street
Waltham MA 02452-4705
Fax: 781-788-6402

Signature: _____ Date: _____