



NLVPSA Membership Application

Name	F		M		L	
P#			CNLV Employee #			
Hire Date						
Rank			Promotion Date			
Classification	<input type="checkbox"/> POLICE	<input type="checkbox"/> MARSHAL	(check one)			
Mailing Address				City		Zip
Home Phone:			Cell:			Work:
Personal email address						
<p>I am applying for active-duty membership in the North Las Vegas Police Supervisors Association (NLVPSA). I meet all of the necessary criteria as set forth in the NLVPSA Constitution and Bylaws.</p> <p>I authorize the City of North Las Vegas to enroll me in automatic payroll deduction beginning my next paycheck for the amount of dues as specified in the Constitution and Bylaws.</p>						
Signature					Date	

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50 E. Brooks Avenue, North Las Vegas, Nevada 89030
(702) 633-1017 ext. 2225