

Northeast Indiana Law Enforcement Training Council

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2024 Calendar Year Membership Application

I, _____ representing the _____ (police agency); agree to pay, per officer, the membership fee to NEILETC. I understand the fees are for the 2024 calendar year and that the fee is non-refundable.

Small Departments, (1-14 Officers):

Full-Time Officers: _____ @ \$70.00 each = _____
Reserve Officers: _____ @ \$25.00 each = _____
Jail Officers: _____ @ \$25.00 each = _____

Selection Box:

Medium Departments, (15-29 Officers):

_____ @ \$1,200.00 for all officers

Large Departments, (30 or more Officers):

_____ @ \$2,100.00 for all officers

Agency Contact

(This person will receive emails regarding upcoming NEILECT training opportunities)

First Name: _____

Last Name: _____

Rank: _____

Email: _____

Phone Number: _____

Mail Payments to:

NEILETC

Attention: Ray Caples

301 W. Lincoln Street

Nappanee, Indiana 46507

Signature: _____

Date: _____