

Northeast Indiana Law Enforcement Training Council



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2026 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 2026 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:

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Medium Departments, (15-29 Officers):

_____ @ \$1,200.00 for all officers

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Large Departments, (30 or more Officers):

_____ @ \$2,100.00 for all officers

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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: Executive Director

301 W. Lincoln Street Nappanee, Indiana 46507

*****Invoicing Available Upon Request*****

Signature: _____

Date: _____