

# OHIO ASSOCIATION OF POLICE ATHLETIC LEAGUES

## DECLARATION OF CONTINUATION OF MEMBERSHIP

This is to certify that \_\_\_\_\_ (official name of organization), as a member of the Ohio Association of Police Athletic Leagues, has, during the year 2007, functioned as such member and has conformed to the principles, terms and conditions of membership, rules and regulations set forth by the Ohio Association of Police Athletic Leagues, and hereby does affirm said principles, terms and conditions, rules and regulations and does hereby declare its intent to continue to function and conform, as above stated, during the year 2007, as an organization composed of \_\_\_\_\_ civilian employees, \_\_\_\_\_ police officer employees and \_\_\_\_\_ volunteers. The annual registration of \$250.00 dues is hereby submitted.

Is your association incorporated as nonprofit? \_\_\_\_\_

Is your association a member of National PAL? \_\_\_\_\_

**Delegate** \_\_\_\_\_

PAL mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### *Officers Names and Address*

**President** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Vice President** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Secretary** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Treasurer** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In WITNESS WHEREOF**, the said organization has caused these presents to be signed by its Delegate and its Secretary and its corporate seal (if a corporation) to be affixed hereto this \_\_\_\_\_ day of \_\_\_\_\_ 2007.

\_\_\_\_\_  
(Official name of organization)

BY \_\_\_\_\_  
(Delegate's Signature)

ATTEST \_\_\_\_\_  
(Secretary's Signature)

**MAIL COMPLETED RENEWAL APPLICATION AND \$250.00 FEES**

(Please submit before March 15, 2007) to:

**OHIO PAL**  
**P.O. Box 17151**  
**Euclid, Ohio 44117**