

# N.J. DRE ASSOCIATION



## Membership Application 2012

New member \_\_\_\_ Renewal \_\_\_\_

Name \_\_\_\_\_ Rank \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work telephone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Home Address \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

### MEMBERSHIP CATEGORY (check one)

\_\_\_\_ **Regular Member.** Any person certified by the IACP as a Drug Recognition Expert. DRE# \_\_\_\_\_  
\$25.00 annual association dues.

\_\_\_\_ **Associate Member.** Any person who by virtue of profession, trade or experience would be a benefit  
to the association, but is not a certified DRE. Requires 2/3<sup>rd</sup> vote. \$15.00 annual association dues.

\_\_\_\_ **Honorary Member.** Any person who displays exemplary support for the association and its goals.  
Requires 2/3<sup>rd</sup> vote. No annual association dues.

-----*Return completed application to*-----

N.J. Drug Recognition Experts Assn.  
P.O. Box 438  
Flanders, N.J. 07836