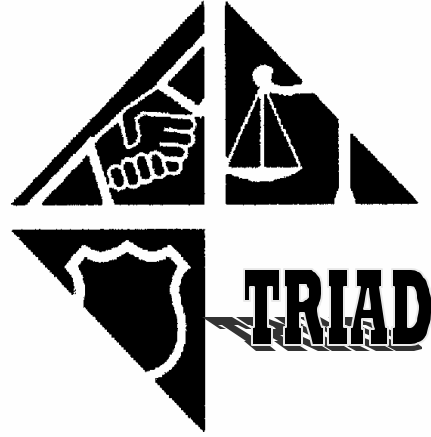


CALDWELL POLICE

TRIAD

MEMBERSHIP

APPLICATION



DATE: _____

1. PLEASE PRINT

2. LAST NAME: _____

FIRST: _____ MIDDLE: _____

3. DATE OF BIRTH: _____

4. MAILING ADDRESS: _____

CITY: _____ ZIP: _____

5. PHONE NUMBER: _____

6. DO YOU RESIDE IN THE CITY YEAR AROUND? _____

7. DRIVER'S LICENSE NUMBER: _____

PLEASE INCLUDE A PHOTO COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION.

8. SOCIAL SECURITY NUMBER: _____

9. EMAIL ADDRESS, IF ANY: _____

10. SIGNATURE: _____

YOUR SIGNATURE ON THIS APPLICATION SERVES AS YOUR APPROVAL FOR A BACKGROUND CHECK.

Please mail to: TRIAD, 110 S. 5th Ave. Caldwell, Idaho 83605