



STATE of NEW JERSEY POLICE and FIRE EMERALD SOCIETY
Morris County, New Jersey



**CURRENT MEMBER(S) FACT SHEET FOR THE PURPOSE
OF UPDATING CHAPTER # 3 ROSTER**

LAST NAME: _____

FIRST NAME: _____

**MIDDLE NAME
OR INITIAL:** _____

NAME OF SPOUSE: _____

TYPE OF MEMBERSHIP: Active _____; Retired _____; Associate _____

CURRENT HOME ADDRESS: _____

PHONE NUMBERS: *Res #* _____ *Cell #* _____
Work # _____ *Other #* _____

EMAIL(s): _____

**PLEASE LIST THE PUBLIC SAFETY AGENCY YOUR ARE EMPLOYED
BY [OR] RETIRED FROM.**

POSITION / TITLE: _____
AGENCY / DEPARTMENT: _____
ADDRESS: _____

**PLEASE LIST ANY EXECUTIVE BOARD POSITIONS YOU HAVE HELD
[or currently hold] IN THE MORRIS COUNTY EMERALD SOCIETY or
ANY OTHER EMERALD SOCIETY:** _____

DATE: _____ **L. S.** _____