

**APPLICATION FOR NEW MEMBERS/RENEWAL INVOICE/CHANGE FORM**

Please fill in where appropriate

Full Name: \_\_\_\_\_

Municipality: \_\_\_\_\_ Title: \_\_\_\_\_

Municipality Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ E-Mail (Work): \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**2023 ACOANH Active Membership\***

**Amount Due: \$40.00**

**Please make checks payable to: ACOANH**

**Mail to:**

Newton Police Department  
ATTN: ACO Kathy Drouin/ACOANH  
8A Merrimac Road  
Newton, NH 03858

\*Corporate and other memberships are available please refer to ACOANH Bylaws.

Membership Expires Yearly on 12/31