



MEMBERSHIP APPLICATION

Please complete and return to Ray Jackson at Pickens Sheriff's Office,
rjackson@pickensgasheriff.com or fax 706-253-8913.

Name

Address

Home Phone _____ Cell Phone _____

Email Address _____

Employer (Name & Address)

Emergency Contact

Emergency Contact Phone

Who may we thank for referring you?

A Criminal History Background will be required prior to membership.