



We Need **YOU** to keep NCPAA and CPAA Associations

# GROWING

**Invite a fellow police officer or alumni association member to become part of something special!!**

The mission of the NCPAA (National Citizens Police Academy Association) is to promote the professional development of information, and to provide guidance and assistance to law enforcement agencies and citizens involved or interested in the Citizen Police Academy concept.

Current members can help keep the NCPAA growing. Encourage others to complete a registration form and send it in with their **\$35.00** annual membership dues.

### REWARD PROGRAM

June 1, 2009 - May 31, 2010

Current members that recruit 5 new members will receive a NCPAA pin, those recruiting 10 members will receive a pin and a hooded sweat shirt with embroidered NCPAA logo.

If you have been recruited by a current member please print the name of that member below.

\_\_\_\_\_

*Thank you for helping to support NCPAA*

**FOR NCPAA OFFICE USE ONLY**

Pck Vck MO

04/09

## NCPAA MEMBERSHIP APPLICATION

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Is this membership.....

NEW  RENEWAL

Are you.....

SWORN  CIVILIAN

E-mail Address \_\_\_\_\_

### BOX 1 SWORN OFFICERS INFORMATION

Rank/Title \_\_\_\_\_

Name of Law Enforcement Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Agency Phone Number (\_\_\_\_\_) \_\_\_\_\_

Agency Fax Number (\_\_\_\_\_) \_\_\_\_\_

### BOX 2 CIVILIAN OCCUPATION INFORMATION

Occupation \_\_\_\_\_

Title (If Applicable) \_\_\_\_\_

Name of Agency, Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

### Box 3 CITIZEN POLICE ACADEMY ALUMNI INFO.

Association Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

### Box 4 PERSONAL INFORMATION

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

City, State, Zip \_\_\_\_\_

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

### MAILING ADDRESS INFORMATION

(Where your NCPAA mailings should be sent)

Same as:  Box 1  Box 2  Box 3  Box 4

I affirm that the above information is true and accurate, and I authorize NCPAA to verify any of the above information. Further, I understand that any unauthorized use of membership privileges may result in termination of Membership and revocation of said privileges.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail completed application with **\$35.00**

Check or money order (payable to NCPAA to:  
NCPAA \* P. O. Box 241 \* South Bend, IN 46624