



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

GROWING

Invite a fellow law enforcement 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 Citizens 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.

Members are eligible to receive quarterly
copies of the NCPAA Newsletter and have
access to the members only section of the
website. Semi-annually, members will also
receive a full Membership Directory.

Please be sure to check the box indicating
where you would like to receive NCPAA
mail. Sworn officers will receive mail
through their agencies. The box checked
by civilians will also be the information listed
in the Membership Directory. If possible, list
your e-mail address

Thank you for helping to support NCPAA

FOR NCPAA OFFICE USE ONLY

Ck Date _____ Ck Number _____

pck vck MO Amt \$ _____

Posted _____ Expires _____ 07/13

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* 606 Greer, SC* 29652