



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