

ILLINOIS CITIZENS POLICE ACADEMY ASSOCIATION



MEMBERSHIP APPLICATION

for

LAW ENFORCEMENT OFFICERS

| | | |
|--|------|----------------------------|
| First Name | M.I. | Last Name |
| Rank/Title | | Date of Birth (xx/xx/xxxx) |
| Name of Agency | | |
| Agency Address | | |
| City, State, Zip | | |
| Agency Telephone Number | | |
| Agency Fax Number | | |
| E-mail Address | | |
| Mailing Address (for ILLINOIS CPAA mailings - if other than address above) | | |
| City, State, Zip | | |
| Home Telephone Number | | |
| Does your agency currently conduct a CPA program? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many times per year? _____ | | |
| Has an alumni association been formed by CPA graduates? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many members? _____ | | |
| Does your agency have a "Citizens on Patrol" program? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many volunteers? _____ | | |
| I affirm that the above information is true and accurate. Further, I authorize the ILLINOIS CPAA to verify any of the above information. | | |
| _____ Signature | | _____ Date |
| <p align="center">Make \$25.00 check or money order payable to: Illinois CPAA Mail to: Illinois CPAA • P.O. Box 26 • Wheeling, IL 60090</p> | | |
| <i>— FOR ILLINOIS CPAA OFFICE USE ONLY —</i> | | |
| _____ | Pck | Vck MO |



MEMBERSHIP APPLICATION

for

ALUMNI MEMBERS/VOLUNTEERS

| | | |
|--|----------------------------|-------------------|
| First Name | M.I. | Last Name |
| Home Address | | |
| City, State, Zip | | |
| Home Telephone Number | | |
| E-mail Address | | |
| Occupation | Date of Birth (xx/xx/xxxx) | |
| Name of Alumni Association/Volunteer Organization (if applicable) | | |
| Title (if applicable) | | |
| Alumni Association/Organization Address (DO NOT use Police Dept. address) | | |
| City, State, Zip | | |
| Alumni Association/Organization Telephone Number | | |
| Alumni Association/Organization Fax Number | | |
| Alumni Association/Organization Web Address | | |
| Number of Years Association/Organization has been in existence (if known) | | Number of Members |
| I affirm that the above information is true and accurate. Further, I authorize the ILLINOIS CPAA to verify any of the above information. | | |
| _____ Signature | | _____ Date |
| <p align="center">Make \$25.00 check or money order payable to: Illinois CPAA Mail to: Illinois CPAA • P.O. Box 26 • Wheeling, IL 60090</p> | | |
| <i>— FOR ILLINOIS CPAA OFFICE USE ONLY —</i> | | |
| _____ | Pck | Vck MO |

Feel free to photocopy these membership applications to invite others to join the Illinois CPAA!