

APPLICATION FOR MEMBERSHIP



LVMPD Citizens' Police Academy Alumni Association

CITIZENS' POLICE ACADEMY CLASS NUMBER : _____

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

IS SPOUSE A CPAAA MEMBER ? (circle one) YES NO

OCCUPATION: _____

SPECIAL SKILLS OR TALENTS THAT COULD BENEFIT THE "CPAAA"

SIGNATURE: _____

RETURN APPLICATION EITHER BY MAIL OR IN PERSON WITH ONE (1) YEAR MEMBERSHIP FEE OF \$20.00 FOR INDIVIDUAL OR \$30.00 PER COUPLE (CHECKS MADE PAYABLE TO CPAAA)

LVMPD CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION

9880 W. Cheyenne Avenue, Las Vegas NV 89129

ATTN. MEMBERSHIP SERVICES