

COLUMBIA CITIZENS POLICE ACADEMY ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

I have completed the Columbia Citizens Police Academy Class # _____

A membership fee of \$25.00 for the active member is due with application.. Checks should be made payable to the **Columbia Citizens Police Academy Alumni Association.**

As an active member of this organization, I agree to abide by the Bylaws of the **Columbia Citizens Police Academy Alumni Association.**

Scheduled Alumni Meetings are the 1st Thursday of every month

Return to:

CPAAA

PO Box 5081

Columbia, SC 29250

Signature _____ Date: _____ / _____ / _____