



*LVMPD
Citizens' Police
Academy Alumni Association*

APPLICATION FOR MEMBERSHIP

CLASS: _____

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

EMAIL: _____

OCCUPATION: _____

SPECIAL SKILLS OR TALENTS THAT COULD BENEFIT THE "CPAAA":

SIGNATURE: _____

RETURN APPLICATION BY MAIL OR IN PERSON WITH ONE (1) YEAR MEMBERSHIP FEE OF \$25

MAKE CHECKS PAYABLE TO: CPAAA

MAILING ADDRESS: LVMPD CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION

9880 W. CHEYENNE AVENUE, LAS VEGAS, NV 89129

ATTN: MEMBERSHIP SERVICES