



*LVMPD  
Citizens' Police  
Academy Alumni Association*

**APPLICATION FOR MEMBERSHIP**

**CITIZENS' POLICE ACADEMY CLASS NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/ STATE/ ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CPAAA and Metro Volunteer Program will have access to your email address unless you indicate otherwise.**

**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 \$25.00 per person (CHECKS MADE PAYABLE TO CPAAA)**

**LVMPD CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION  
9880 W. Cheyenne Avenue, Las Vegas NV 89129  
ATTN : MEMBERSHIP SERVICES  
Lvcpaaa.com**