



# Arizona Crime Prevention Association Membership Application

Please take a moment to complete this Membership Application to ensure access to “member only” functions and take advantage of member discounts and free ACPA sponsored trainings.

You may pay by credit card through PayPal at our Website: [www.ACPA.net](http://www.ACPA.net) or by mailing this completed form with a check payable to: ACPA. *This form must be submitted via e-mail (see bottom of form) or mail if you are paying through PayPal at the ACPA website. Your membership WILL NOT be complete until this form is received by the ACPA.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail (Required):** \_\_\_\_\_

I am a current ACPA Member and this is a renewal.

I am a new member and was referred by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE SELECT MEMBERSHIP TYPE

See accompanying brochure to determine which type is best for you.

**STANDARD** Membership ~ \$50.00

**ASSOCIATE** Membership ~ \$25.00


**BUSINESS ASSOCIATE** Membership \* ~ \$250.00 (Includes owner plus 2 transferrable memberships)

**LAW ENFORCEMENT AGENCY** \* ~ \$100.00 (Includes Supervisor plus 2 transferrable memberships)

*\* If you select either of these memberships, please complete the second sheet listing the two persons in your organization who will have the transferrable memberships.*

Return this application with a check made payable to “ACPA” to:

Arizona Crime Prevention Association  
c/o Amy Sailors, Treasurer  
Mesa Police Department  
P.O. Box 1466  
Mesa, AZ 85211-1466  
Phone: (480) 644-2539  
E-mail: Amy.Sailors@mesaaz.gov

  
**You will receive your membership letter including password to the website after payment is received.**

*The ACPA is a non-profit organization Recognized by the IRS as a 501(c)3 Corporation; Tax ID #86-0759714.*



# Arizona Crime Prevention Association Transferrable Membership

Please complete the information below for the two (2) additional transferrable memberships. These memberships are transferrable no more than three (3) times during the year (January—December). Transfer notifications must be made to the ACPA Secretary.

## Additional Member 1:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail (Required):** \_\_\_\_\_

I am a current ACPA Member and this is a renewal.

I am a new member and was referred by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Additional Member 2:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail (Required):** \_\_\_\_\_

I am a current ACPA Member and this is a renewal.

I am a new member and was referred by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date