



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 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 Phone number (480) 348-3567

%: Jimmy Phan, Paradise Valley PD

6433 E Lincoln Dr, Paradise Valley, AZ 85253

bphan@paradisevalleyaz.gov or

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

organization Recognized by the IRS as a 501(c)3 Corporation; Tax ID #86-0759714.

The ACPA is a non-profit



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):**

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Signature Date

Additional Member 2:

Name: Title:

Agency/Company:

Mailing Address:

City: State: Zip: Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____

_____ - _____ **E-Mail (Required):**

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Signature Date