

OFFICE USE ONLY: DATE: _____ CHECK#/CC: _____ AMOUNT\$ _____



Membership Information: Please Complete whether your information has changed or not.

Membership Dues \$100

Title: _____

Name: _____

Department: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Cell Phone:** _____

Email: _____

Region: _____ Northwest / Northeast / Southwest / Southeast

Membership Type: _____ Chief / 2nd in Command / Supporting / Professional / Lifetime / Retired

CLEST ID # _____ For CLEST Certified Classes

I am interested in serving on the following committee(s): (Circle as many as you like)
Convention / Education / Finance / Legislative / ALEAP / Marketing

Membership Year is from January 1~December 31.

Your membership in the Arkansas Association of Chiefs of Police (AACP) allows you to be part of the profession's collective voice. Your investment in the Association will strengthen our message and ensure our future.

Make Checks Payable to AACP

Mail completed form and payment to AACP - PO Box 251825 Little Rock, AR 72225,
fax: (501) 374- 0541 or scan and email to gary.sipes@arkchiefs.org - Questions? Please call
(501) 372-4600.

AMOUNT: \$ _____ **PAYMENT TYPE:** CHECK CREDIT CARD

NAME ON CARD: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CARD #: _____ **EXP DATE:** _____ **CVV:** _____

EMAIL ADDRESS TO SEND CC RECEIPT: _____