

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



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

2019 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, 2019 - December 31, 2019

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

Amount: \$ _____ Payment Type Check AMEX Visa MasterCard

Name on Card: _____

Complete Billing Address: _____

Card #: _____ Exp. Date: _____ CVV: _____

Email Address to receive receipt: _____