



MESA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION INC.

Membership Application

Name: _____

Spouse's first name (if applicable) _____

Address: _____

City: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

E-Mail: _____

CPA Class # _____ Birthday: ___//___ mo.//day only

Your name, as you want it on ID badge and in membership directory:

Meetings are held on the 4th Thursday of the month in Red Mt. Community Room
4333 E. University Dr., Mesa, AZ 85211. Meetings start promptly at 7:00 p.m. Annual
dues are \$20 (July 1 thru June 30)

Make check payable to: **Mesa Citizen Police Academy Alumni Association**

Send to: **MCPAAA**

P.O. Box 366 Mesa, AZ

85211

Signature _____

I certify that I still meet the eligibility criteria to
attend the Citizen Police Academy.

Date _____