



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 Central District Community Room
... 120 North Robson Mesa, AZ 85201. Meetings start promptly at 7:00 p.m.

Annual dues are \$18 (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 _____

Date _____