



Mesa Citizen Police Academy Alumni Association Membership Application

Name: _____

Spouse's first name (if applicable): _____

Address: _____

City: _____ Zip: _____

Phone Numbers: Home _____

Work _____ Cell: _____

E-mail: _____

CPA Class # _____ Birthday ____//____ (month//day only)

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

Meetings are held on the 4th Thursday of the month in the Community Room at the Central Patrol Station, 120 North Robson in Mesa. Meetings start promptly at 7:00 p.m.

Annual dues are \$18.00 (July 1 through June 30)

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

Send to: **MCPAAA
P.O. Box 366
Mesa, AZ 85211**

Signature _____

Date _____