

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
	•	- n Red Mt. Community Room art promptly at 6:30 p.m. Annual
dues are \$20 (Jul	ly 1 thru June 30)	
Make check payable to: M	lesa Citizen Police Academy	y Alumni Association
Send to: MCPAAA		
P.O. Box 366 N	Iesa, AZ	
85211		
Signature		
I certify that I still meet the	-	
attend the Citizen Police Ac	ademy.	