



ACPAAA Membership Registration 2018

New Member Renewing Member

Name _____

Birthday (Month & Day Only) _____

Contact Information

Email Address..... _____

Home Phone Number..... _____

Cell Phone Number..... _____

Street Address..... _____

City/State/Zip..... _____

Annual dues are: \$20.00 per person. Please make checks payable to: **ACPAAA**

You can complete this form and turn it in with payment to the Treasurer at a meeting,

Or

Mail the form along with your check to: **ACPAAA, P.O. Box 944, Arlington, TX 76004,**

Or

Pay **\$20.00** using the PayPal link on www.acpaaa.org which will cover the processing fee charged to ACPAAA for the PayPal electronic transaction. **We still need a completed form.**

We appreciate you joining us to support the **Arlington Police Department!**

For Office Use Only

Date Received _____

Check Date _____ Check# _____ Amount \$ _____

PayPal _____ Cash _____