



# 2020 ACPAAA Membership Registration

New Member  Renewal Member

## Contact Information

(Please print legibility)

Name: \_\_\_\_\_

Birthday (Month and Day only): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I am interested in helping in the following areas and may be called when assistance is needed:*

- |   |   |
|---|---|
| <input type="checkbox"/> Fry's Hot Dog Sale     | <input type="checkbox"/> Annual Golf Tournament   |
| <input type="checkbox"/> Monthly meeting snacks | <input type="checkbox"/> CPA class meals/desserts |
| <input type="checkbox"/> Nomination committee   | <input type="checkbox"/> Santa Cops               |
| <input type="checkbox"/> Police Week Activities | <input type="checkbox"/> Photography              |

Annual Dues are **\$20.00** per person.

Payment may be made by **check** (payable to **ACPAAA**)

or via the **PayPal** link on [www.acpaaa.org](http://www.acpaaa.org).

Bring this completed form to a monthly meeting or mail it to:

**ACPAAA, PO Box 944, Arlington, TX 76004**

*Welcome to the ACPAAA and we appreciate your support for*

**the Arlington Police Department!**

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### For Office Use Only

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt \$ \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PayPal  Cash