



## MEMBERSHIP INFORMATION

**2017 DUES \$100**

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REGION: \_\_\_\_\_ NORTHWEST | SOUTHWEST | NORTHEAST | SOUTHEAST

MEMBERSHIP TYPE: \_\_\_\_\_ CHIEF | 2ND IN COMMAND | PROFESSIONAL | SUPPORTING | LIFETIME | RETIRED

LAST 4 OF SS#: \_\_\_\_\_ USED FOR CLEST CREDIT

I am interested in participating on the following committee(s):

- Convention  Education  Finance  Legislative  ALEAP  Marketing

**MEMBERSHIP YEAR: JAN. 1–DEC. 31, 2017**

*Membership in the Arkansas Association of Chiefs of Police (AACP) allows you to be part of the industry’s collective voice. Your investment in the association will strengthen our message and ensure our future.*

**Make checks payable to AACP**  
Mail completed form and payment to AACP | 1020 W 4th St, Ste 400, Little Rock, AR 72201  
or scan and email to [jackie@brentstevensonassociates.com](mailto:jackie@brentstevensonassociates.com) | **Questions?** (501) 372-4600

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