



MEMBERSHIP INFORMATION

2018 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, 2018

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 | PO Box 251825 Little Rock, AR 72225, fax: (501) 374-0541 or scan and email to gary.sipes@arkchiefs.org | **Questions?** Please call (501) 372-4600

Amount: \$ _____ Payment Type: ..Check ..AMEX ..Visa ..MasterCard

Name on Card: _____

Complete Billing Address: _____

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Email Address to receive receipt: _____