

OFFICE USE ONLY: DATE: \_\_\_\_\_ CHECK#/CC: \_\_\_\_\_ AMOUNT\$ \_\_\_\_\_



*Membership Information: Please Complete whether your information has changed or not.*

## 2019 Membership Dues \$100

**Title:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Region:** \_\_\_\_\_ **Northwest / Northeast / Southwest / Southeast**  
**Membership Type:** \_\_\_\_\_ **Chief / 2nd in Command / Supporting / Professional / Lifetime / Retired**  
**CLEST ID #** \_\_\_\_\_ **For CLEST Certified Classes**

I am interested in serving on the following committee(s): (Circle as many as you like)

Convention / Education / Finance / Legislative / ALEAP / Marketing

**Membership Year is from January 1, 2019 - December 31, 2019**

*Your membership in the Arkansas Association of Chiefs of Police (AACP) allows you to be part of the profession'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](mailto:gary.sipes@arkchiefs.org) - Questions? Please call

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

Name on Card: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Email Address to receive receipt: \_\_\_\_\_