



CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION OF NORTH TEXAS  
P.O. Box 489 Euless, Texas 76039

APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Alumni Assoc. Name: \_\_\_\_\_ CPAAA Rep: \_\_\_\_\_

Address \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Membership Fee: \$25.00 (Please make check payable to CPAANT)

Why do wish to be an Alumni Association member and what do you hope to get out of your Membership? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in serving on a committee or as an elected officer?  
\_\_\_\_\_  
\_\_\_\_\_

Signature of CPAAA President: \_\_\_\_\_