

**IOWA QUAD CITIES CITIZEN POLICE ACADEMY ALUMNI
ASSOCIATION
MEMBERSHIP APPLICATION**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ CELL # _____

E-MAIL _____

OCCUPATION _____

WORK ADDRESS _____

WORK PHONE # _____

EMERGENCY CONTACT & PHONE # _____

MEMBERSHIP DIRECTORY

Include NAME/ADDRESS/TELEPHONE #/EMAIL in the Membership Directory _____ YES

OR

Exclude _____ ADDRESS _____ TELEPHONE # _____ EMAIL from the membership directory. (CHECK THOSE YOU WANT TO EXCLUDE)

INTERESTS' _____

ORGANIZATIONS PRESENTLY BELONG TO _____

OTHER INFORMATION THAT MIGHT BE OF HELP TO ALUMNI ACTIVITY

I have read and agree to follow the Rules of Conduct

_____ Date: _____

DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY

Dues Paid _____ 2006 _____ 2007 _____ 2008 _____ 2009 _____ 2010 _____ 2011 _____ 2012