

CPOA ASSOCIATE MEMBERSHIP

NAME _____
(PLEASE PRINT)

MAILING ADDRESS: _____

CELL PHONE # _____

The Chicano Police Officers Association is looking for professional, pro-law enforcement, individuals to join the organization.

By signing the above form and including a payment of \$25.00, a one-year Associate Membership will be granted. Associate Members are entitled to attend monthly meetings and all CPOA functions. (Associate members are not eligible for training money, bereavement money, and are not allowed to vote in meetings.)

The CPOA Board can vote to cancel any Associate Member's membership with the organization at any time due to any illegal activity or inappropriate behavior by the member and will not refund the membership fee. The CPOA Board can also vote to not extend a membership at their discretion without cause.

Authorized by: _____ Date: _____
New Member Signature

Please tell us who referred you to the CPOA: _____
Include your personal E-mail address (optional.)
E-mail Address: _____

(Note: To receive information about upcoming meetings and events, please include your personal e-mail. If you do not have an e-mail account, Yahoo, MSN and Google offer free e-mail accounts.)