

Colorado Association of Chiefs of Police Membership Application

Name: _____ Title: _____

Department/Agency: _____

Phone: _____ Fax: _____

Address: _____

City: _____ County: _____ State: _____ Zip _____

Email Address: _____ Region: _____

Current CACP member nominating you: _____

(Active Memberships require a nomination by a current Active CACP member.)

<u>Membership Categories</u>	<u>Annual Dues</u>
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_____ Active: I am currently a police chief for a Colorado police agency with sworn officers staff of:	
_____ 1-9	\$ 150.00
_____ 10-19	\$ 240.00
_____ 20-49	\$ 480.00
_____ 50-75	\$ 780.00
_____ 75 or over	\$1,200.00

_____ Associate: I am a member of a state, county, municipal, or federal law enforcement agency or division operating within the State of Colorado.	\$100.00
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_____ Retired: I retired or resigned from the position of police chief at:	\$0
_____ (Agency Name) _____ (date)	

_____ A check payable to CACP for \$ _____ is enclosed.

_____ Credit Card _____ VISA _____ Master Card

If you have any questions about affiliation or fees, please call our office at (303) 750-9764.

Please return this application to the address below.

Colorado Association of Chiefs of Police
 2170 S. Parker Rd., #255
 Denver, CO 80231
 303/750-9764 303/750-0085 FAX cacp@kareams.com