

**Paris Citizens Police Academy Alumni Association**

**2015 Membership Form**

NAME(please print)\_\_\_\_\_

ADDRESS\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE\_\_\_\_\_

CELL PHONE \_\_\_\_\_

ARE YOU ABLE TO RECEIVE TEXT MESSAGES VIA CELL PHONE\_\_\_\_\_

E-MAIL ADDRESS\_\_\_\_\_

IS IT OKAY TO SEND TO YOU CPAAA INFORMATION VIA E-MAIL\_\_\_\_\_

BIRTHDAY (MONTH AND DAY ONLY)\_\_\_\_\_

DUES: \$10.00 INDIVIDUAL

\$15.00 FAMILY