

MEMBERSHIP APPLICATION



GILBERT CITIZEN'S POLICE ACADEMY ALUMNI ASSOCIATION (GCPAAA)

http://gcpaaa.org/

P.O. Box 3366, Gilbert, Arizona 85299-3366

Please note that this form needs to be signed by applicant.

Name: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Occupation: _____

Employer: _____ Address: _____ State _____ Zip _____

Spouse's First Name: _____ Gilbert Citizen's Police Academy Information:
Graduate (Circle One) Yes No Date Graduated: _____

Applicant's Signature: _____ Date: _____

Print Name: _____

Interests, Suggestions, Other Information:
 Willing to serve on Executive Board Interested in Gilbert PD Volunteer Activities
 Willing to serve on special committees (golf committee, etc.)
 Willing to speak at a meeting or arrange speakers Willing to arrange events / assist in events
 Other (specify): _____

Date Application Received: _____
No applications will be accepted for processing without the application fee of \$10.00.
Please make checks payable to the "GCPAAA".