



California Crime Prevention Officers' Association

Individual Membership Application (Membership dues are non-transferable)

Please complete application and then print and mail with your payment (checks or money orders only).

Title or Rank:	
Full Name:	
Agency or Company Name:	
Mailing Address:	
City, State, Zip:	
County:	CCPOA Region:
Daytime Phone:	Fax:
Email:	
Name as you would like it to appear on your ID badge (if different than above):	
Status: Law Enforcement: <input type="checkbox"/> Sworn <input type="checkbox"/> Civilian	
Non-Law Enforcement: <input type="checkbox"/> Community Organization <input type="checkbox"/> Public Official <input type="checkbox"/> Community Planner <input type="checkbox"/> Educator	
<input type="checkbox"/> Other _____	
Please list name of referring member. (New members must be referred by a current member, except those employed by a Law Enforcement Agency, Criminal Justice Planning, or Attorney General's Office employees.)	
Referred by (name & agency):	

Enclose check for \$30 payable to "CCPOA" and return to:

**CCPOA
PO Box 245
Sutter Creek, CA 95685-0245**

Upon receipt of your application and payment you will be mailed a CCPOA ID Badge and Lapel Pin.

Office Use Only: Date Recv'd _____ Check No. _____ Check Type _____ Amount \$ _____

Renewal Date _____ Welcome/ New Member Badge Sent _____ Dir. Notified _____

Questions? Contact the Membership Coordinator via email at: membership@ccpoa.us
CCPOA Tax ID: 95-3823934