



GRANBURY CITIZENS POLICE ACADEMY ALUMNI ASSOCIATION

**APPLICATION FOR MEMBERSHIP**

**NAME** \_\_\_\_\_

**MAILING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E – MAIL ADDRESS** \_\_\_\_\_

**TELEPHONE**

**CLASS YEAR** \_\_\_\_\_

**HOME** – (     ) - \_\_\_\_\_

**WORK** – (     ) - \_\_\_\_\_

Use in an emergency only.

**EMPLOYER OR BUSINESS** (OPTIONAL)

\_\_\_\_\_

I affirm that the above information is true and accurate and I further understand that any unauthorized use of membership privileges will result in termination of membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DUES PAID**

**CASH OR CHECK** (Circle One)