



**CENTRAL FLORIDA
CRIME PREVENTION ASSOCIATION, INC**

Check one:
New Membership []
Annual Renewal []

MEMBERSHIP/RENEWAL APPLICATION (PLEASE PRINT)

Date: _____

Agency / Business: _____

Contact Name: _____

Address: _____

Office Phone: _____

Fax: _____ (optional)

E-Mail: _____

When applying for new membership, please describe the type of activity your agency or business is participating in to enhance crime prevention efforts in our area:

List all additional personnel applying for membership:

Membership/Renewal Requirements:

1. Membership is available to any person from law enforcement or the private sector that is involved in crime prevention or crime prevention related business.
2. Pending approval by the CFCPA Board of Directors, applicants are entitled to attend the monthly meetings when posted.
3. Initial as well as annual dues for the CFCPA are \$20.00 per person or \$100.00 per agency or business with 6 members or more. Dues are due by the 30th of each January.
4. An invoice will be remitted if requested. For new applicant(s) remittance is subject to the approval by the Board of Directors.

Send completed application to the attention of:

Central Florida Crime Prevention Association
P.O. Box 432
Goldenrod, FL 32733