



CALPAC

Membership/Renewal Application

Agency Name:

Address: _____ City/Zip: _____

CEO: _____

Phone: _____ Fax: _____ E-mail: _____

Accreditation Manager: _____

Phone: _____ Fax: _____ E-mail: _____

I hereby apply for CALPAC membership and/or authorize the above individual(s).

CEO: _____ Date: _____
(Signature)

Lifetime Member:

Must be approved by the Executive Board

Address: _____

Phone: _____ Fax: _____ E-mail: _____

I hereby apply for CALPAC lifetime membership.

Signature: _____ Date: _____

Type of Membership Requested: (check one)

Initial - \$150.00 (New Agencies first year only)

Renewal - \$100.00 (Per Year)

Lifetime - \$0

Questions regarding membership, email: Kristin Miller at kmiller@tustinca.org

Submit your check payable to **CALPAC** and mail along with a copy of your completed Membership/Renewal Application to:
Kristin Miller, CALPAC Treasurer
Tustin Police Department
300 Centennial Way
Tustin, CA 92780