



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: Xochitl Escutia at xescutia@hermosapolice.org

Submit your check payable to **CALPAC** and mail along with a copy of your completed Membership/Renewal Application to:
Xochitl Escutia, CALPAC Treasurer
Hermosa Beach Police Department
540 Pier Ave
Hermosa Beach, CA 94546