



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: Dea Pugh at deap@cityofwestsacramento.org

Submit your payment online at californiapac.org or via check payable to
CALPAC. Mail with a copy of your completed Membership/Renewal Application
to:

Dea Pugh, CALPAC Treasurer
West Sacramento Police Department
550 Jefferson Boulevard
West Sacramento, CA 95605

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