CENTRAL MICHIGAN ASSOCIATION OF CHIEFS OF POLICE ASSOCIATION



Date .

This application is herewith submitted for consideration in accordance with the Central Michigan Association of Chiefs of Police Constitution, governing membership.

Applicant:

I wish to apply for: () Active Voting	() Active non-Votin	ng
Name	Title	<u> </u>
Name of Law Enforcement Agency Affiliation		
Business Address		
Street/Number	City/State	Zip Code
Residence Address		
Street/Number	City/State	Zip Code
Send Mail To: () Business () Residence	() Email	
	Required	
Sponsor:		

Sponsor:_____ City:____ City:___ City:__ City:___ City:___ City:___ City:___ City:___ City:___ City:___ City:___ City:__ City:___ City:___ City:___ City:___ City:___ City:___ City:___ City:___ City:___ City:__ City:___ City:___ City:__ City:___ City:__ C

NOTE: All applications must be sponsored by a Current Active Voting Member of the Central Michigan Association of Chiefs of Police.

APPLICATIONS FOR MEMBERSHIP

Application for membership shall be submitted on a form(s) in such a manner as the Executive Board may prescribe. All applications shall require approval at a regular, special or annual meeting by a majority vote of the full membership present.

Each application for active membership shall be endorsed by an active member of the Association in good standing, who shall certify that he/she is personally acquainted with the applicant, believe the statements contained in the application to be true, that the applicant is eligible for active membership in the Association, and that he/she nominates him/her therefore.

Return this application to: Central Michigan of Chiefs of Police, Secretary/Treasurer, 240 W Genesee St Frankenmuth MI, 48734