



# Application for Membership/Renewal

Pembroke Pines Citizens Police Academy Alumni Association, Inc.  
9500 Pines. Blvd., Pembroke Pines, FL 33024



CPAAA Membership Dues are \$15.00, which can be paid by cash or check. Please make checks payable to: **CPAAA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Class #: \_\_\_\_\_ Date of Birth (MM/DD): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Drivers License: \_\_\_\_\_ DL State: \_\_\_\_\_

Email Address (PRINT CLEARLY): \_\_\_\_\_

Please check the committees or organizations below that you are interested in joining:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Audit Committee       | <input type="checkbox"/> Holiday Party Committee           | <input type="checkbox"/> CERT *           |
| <input type="checkbox"/> Bylaws Committee      | <input type="checkbox"/> Newsletter Committee              | <input type="checkbox"/> COP/PES **       |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Nominating Committee              | <input type="checkbox"/> Pooches In Pines |
| <input type="checkbox"/> Historic Committee    | <input type="checkbox"/> Special Events/Projects Committee |   |

\* CERT (Community Emergency Response Team)

\*\* COP/PES (Community on Patrol/Parking Enforcement Specialist)

Please tell us your current line of work or the line of work you have retired from:

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What are your areas of expertise/talents that you can donate to further our commitment to the Pembroke Pines Police Department in volunteer programs?

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By joining the Pembroke Pines Citizens Police Academy Alumni Association, Inc., I agree to follow the regulations imposed by the Pembroke Pines Police Department and the Bylaws, standing rules and special rules of this Association. Disregard for the above can result in my permanent dismissal from the Association.

I further acknowledge a commitment to the purpose and objectives of this Association and will work on its behalf to the best of my ability.

<b>FOR OFFICIAL USE:</b>
Amount: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Rec'd By: _____

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_