

Maryland Crime Prevention Association

Membership Application

Name _____
(Last) (First) (Middle)

Title _____

Address: _____
(Street 1)

(City) (State) (Zip)

Agency or Organization (if applicable) _____

Phone () _____

Fax () _____

Type of Membership: [Check One]

[] \$10.00 Individual (Non-Transferable)

[] \$50.00 Organization

****Please Note:** *Membership is for fiscal year July 2010-June 2011*

[] I would also like to register for the MCPA Annual Conference. I have enclosed an additional \$150.00 to cover the cost of attending the conference.

Please make checks payable to

Maryland Crime Prevention Association (or MCPA)

P.O. Box 921

Hampstead, MD 21074

[] Please add my name to the MCPA e-mail list for notification of future events, training, news, and information.

E-mail Address: (Please print legibly)
