



WEST MICHIGAN CRIME PREVENTION ASSOCIATION
RENEWAL & NEW MEMBERSHIP APPLICATION
2010

NAME: _____

TITLE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

CITY: _____ State:MI ZIP: _____

OFFICE PHONE: _____ CELL PHONE: _____

FAX: _____

PLEASE PRINT

EMAIL
ADDRESS: _____

ENCLOSED IS MY CHECK TO COVER:

RENEWAL/NEW MEMBER SHIP \$25.00 _____

ASSOCIATE: \$10.00 _____

SIGNATURE: _____

DATE: _____

SEND CHECK TO:
West Michigan Crime Prevention
PO BOX 68231
GRAND RAPIDS, MI 49516-8231