

Application for Membership

I hereby apply for ACTIVE ASSOCIATE LIFE membership with the Manitoba Association of Chiefs of Police.

If accepted, I acknowledge and accept the responsibilities and privileges of membership and pledge to uphold the honor of my profession, office and duties. I will fulfill my obligations to the Manitoba Association of Chiefs of Police and abide by the Association's Constitution, its rules and regulations, as contained in the By-laws.

INFORMATION ON APPLICANT: (Please complete form, using type or print. The information is for official MACP records only and will be kept confidential.)

NAME: _____
(Surname) (Given Names – Underline first name)

RANK/TITLE _____ **FORCE/AGENCY/**
POSITION DESIGNATION: _____ **DEPT./COMPANY:** _____

ADDRESSES: Send mail to **Office:**

(Number and Street)

(City)

(Province) (Postal Code)

Residence:

(Number and Street)

(City)

(Province) (Postal Code)

TELEPHONE: _____

TELEPHONE: _____

EMAIL: _____

EMAIL: _____

FAX: _____

FAX: _____

Brief narrative on police, military or security background, nature of present duties. (Show length of service and decorations if any – attach additional information if required).

Other memberships – e.g. Service clubs, professional associations:

MEMBERSHIP FEE: Total (Active \$200.00) (Associate \$250.00) (LIFE \$50.00) - You will be sent an invoice.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

WHEN COMPLETED, PLEASE EMAIL THIS FORM TO:
mark.t.anderson@rcmp-grc.gc.ca
(Inspector Mark Anderson, RCMP "D" Division, Secretary-Treasurer of MACP)