

Manitoba Association of Chiefs of Police

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 POSITION DESIGNATION: \_\_\_\_\_ FORCE/AGENCY/ 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: \$425.00 – Active & Associate. \$50.00 - Life - You will be sent an invoice.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

WHEN COMPLETED, PLEASE EMAIL THIS FORM TO: THolowka@winnipeg.ca Director of Finance, Tara Holowka, Winnipeg Police Service, Secretary-Treasurer of MACP