



**WICHITA FALLS CITIZEN POLICE ACADEMY ASSOCIATION
ALUMNI MEMBERSHIP APPLICATION**

TODAYS DATE:	MEMBERSHIP YEAR 2016
CLASS NUMBER:	CLASS YEAR:
LAST NAME:	FIRST NAME:
TYPE OF MEMBERSHIP: (circle one) Individual \$15 or Couple \$25	
IF COUPLE, SPOUSES FULL NAME:	
HOME ADDRESS:	
CITY/STATE/ZIP:	
CONTACT INFORMATION:	
<u>YOU</u>	<u>SPOUSE</u>
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL: _____	EMAIL: _____
PAID: CASH _____ CHECK _____ CHECK # _____ MO _____	

----- CUT -----

WFCPAA 2016 MEMBERSHIP

<p>PAYMENT RECEIPT (If mailing in payment, disregard receipt)</p>
DATE: _____
AMOUNT PAID: _____
RECEIVED FROM: _____
RECEIVED BY: _____

MAIL TO: WICHITA FALLS CPAA, 710 FLOOD ST, WICHITA FALLS, TX, 76301