



KANSAS ASSOCIATION OF CHIEFS OF POLICE
Application for Membership

(Please Type or Print)

Date _____

Name _____ Title _____

Agency Name _____

Agency Address _____ City _____ Zip _____

Business Phone _____ Business Fax _____

E-mail Address _____

Age _____ DOB _____ Spouse _____

Education: (Circle one) High School AA Degree BS/BA Degree MA Degree Other _____

Date entered law enforcement service _____ Date appointed Chief Of Police _____

Name of endorsing KACP member _____

Membership Dues:

Cities of the First Class.....\$125.00
Cities of the Second Class..... \$ 75.00
Cities of the Third Class..... \$ 50.00
Associate and Auxiliary..... \$ 25.00
State and Federal Agencies..... \$125.00

Signature _____

Return Application to: Doyle King, Executive Director
KACP
P. O. Box 780603
Wichita, KS 67278-0603

PLEASE ENCLOSE CHECK PAYABLE TO KACP