



Maryland Crime Prevention Association Inc.

Membership Application

Name _____
(Last) (First) (Middle)

Title _____

Address: _____
(Street 1)

(City) (State) (Zip)

Agency or Organization (if applicable) _____

Phone () _____

Fax () _____

Type of Membership: [Check One]

[] \$10.00 Individual (Non-Transferable)

[] \$50.00 Organization

****Please Indicate:** *Membership is for fiscal year January 1, 2015 – December 31, 2015*

Please make checks payable to

Maryland Crime Prevention Association, Inc. (or MCPA Inc.)
c/o Melody Ciepiela, Treasurer
P.O. Box 921
Hampstead, MD 21074

[] Please add my name to the MCPA e-mail list for notification of future events, training, news, and information.

E-mail Address: (**Please** print legibly)
