



# Maryland Crime Prevention Association Inc.

## Membership Application

Name \_\_\_\_\_  
(First) (Last)

Title \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Agency or Organization (if applicable) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_

**Type of Membership:** [Check One]

[ ] \$10.00 Individual (Non-Transferable)

[ ] \$50.00 Organization

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**)

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