



Suncoast Crime Prevention Association Membership Form - 2012

Yes...I want to become a member of Suncoast Crime Prevention Association

Active Individual membership(s)

Individual covers only the person listed on this application

@ \$25.00 each X _____ = \$ _____

Agency membership

Agency covers anyone from your agency

which includes attendance to training provided

@ \$75.00 \$ _____

Total Enclosed \$ _____

Memberships are good through December 31, 2012

**Make Check Payable to:
Suncoast Crime Prevention Association
8110 7 St N
St. Petersburg, FL 33702**

For mailing information, list names of those who will be representing your agency. You may make additional copies, if needed.

AGENCY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE (include area code): _____ **FAX:** _____

Sheriff/Chief or CEO _____

Member & Email address

1 _____ email: _____

2 _____ email: _____

3 _____ email: _____

4 _____ email: _____

5 _____ email: _____

6 _____ email: _____

7 _____ email: _____