



**IDAHO CRIME PREVENTION
ASSOCIATION
MEMBERSHIP APPLICATION FORM**

(PRINT LEGIBLY)

Name: _____

Title/Rank: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone numbers: _____

E-mail Address: _____

THIS APPLICATION IS FOR:

- New Membership
- Membership Renewal

(Membership is non-transferable and is from January 1 to December 31)

Individual membership fee - **\$25.00** annually
Agency fee for 6 members - **\$125** annually

MAIL TO:

Idaho Crime Prevention
Association
c/o Boise Police Department
Attn: Tuckie Shaver
333 N Mark Stall Pl
Boise ID 83704

208-570-6073
Fax: 208-570-6119

Method of payment:

Make checks payable to: ICPA – Idaho Crime Prevention Association

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FOR THE MEMBERSHIP YEAR OF _____

For Office Use Only

Date Received: _____

Date posted on roster: _____

Date pin mailed (new) _____

Confirmation e-mail: _____

Check Received _____