



**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 \_\_\_\_\_