

FIRST NATIONS CHIEFS OF POLICE ASSOCIATION MEMBERSHIPFORM (REV 17.10.01)

	Last Name	First Name	Middle Name	
Title/Rank:		Department Size		
Police Organizatio	n:			
Mailing Address:				
Physical Address:				
r i iyalcal Addi ess.	(If applicable)			
Work Phone:		Fax		
Email:				
Website:				
	EMBERSHIP TYPES AND FEES ease check (one)	APPLICATION (please check		
-	embership Fee \$250.00	()	. (), 5.15,	
	Active Associate Sustaining	New A	Application wal	
All new associate	membership applications must	t be endorsed by two (2)	Active FNCPA Members.	
Endorsed by: 1)	Name of FNCPA Member & Organization Name of FNCPA Member & Organization			

Please make your membership fee payable to: First Nations Chiefs of Police Association

Please fax or email your Membership application to: Karen Haines, Executive Administrative Assistant First Nations Chiefs of Police Association PO Box 37, Portage la Prairie, Manitoba, R1N 3B2

Main: (204) 856-5370 | Fax: (204) 856-5389 | Email: <u>admin@fncpa.ca</u>

All active FNCPA members are listed on our website: www.fncpa.ca