

Topeka Police Department
Citizens Academy Ambassadors

Membership Application

caatopeka@sbcglobal.net

Complete and mail to: CAA, c/o Ben Clay, 320 SE Kansas Ave., Topeka, KS 66603

Annual Membership dues: \$15; please make check payable to: CAA

In applying for membership in the Citizens Academy Ambassadors, **I acknowledge that I am a graduate of the Topeka Police Citizen Academy and that I have no prior felony arrests. Additionally, I have no misdemeanor arrests within the past six months.** I further acknowledge that my membership in the Citizens Academy Ambassadors may be terminated if I am subsequently arrested for a felony or a misdemeanor.

Name (Print): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address (**PLEASE print clearly**): _____

Providing your e-mail address is voluntary, however, use of e-mail is our primary form of communication with the membership. We respect your privacy. Use of your e-mail address will be limited to Citizens Academy Ambassadors information and other similar community, safety, law enforcement related messages.

CPA Class Number: _____ OR Graduation date: Fall _____ Spring _____ of Year _____

Your occupation/professional background: _____

How did you learn about the Citizens Academy Ambassadors? _____

Is another member of your family currently a member of CAA? Yes _____ No _____

If yes, please give name:

Check the committee(s) or areas of interest in which you would be willing to serve:

_____ Social Functions

_____ Fundraising

_____ Membership

_____ Training/Program

_____ Community Relations

_____ Board of Directors

Additional information may be required if you are not a recent graduate of the CPA.

The information on this form will be used exclusively by the CAA and will not be released to any other agency or organization, except as required by law. By your signature below, you have read the organization's Bylaws and Code of Conduct, and agree to membership in the Citizens Academy Ambassadors under the terms and conditions specified therein.

Signature: _____

Date: _____

(Do not write below solid line)

Recommended action:

(4/09)