



# NCAPOA Membership Application

\$40 per year

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Membership type:

Regular: \_\_\_\_\_  
(Sworn LEO)

Associate: \_\_\_\_\_  
(Non-sworn – please note current regular member sponsor)

Sponsored by: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
(This area below for NCAPOA use only)

PAID: \_\_\_\_\_ Date: \_\_\_\_\_

Check    Cash    Online

Checks payable & mail to: NCAPOA, PO Box 262, Benicia, CA 94510

Website: [www.ncapoa.com](http://www.ncapoa.com)