



Application for Membership Michigan Association of Chiefs of Police

3474 Alaiedon Pkwy, Suite 600, Okemos, MI 48864-3975
Phone: (517) 349-9420 Fax: (517) 349-5823

If unable to apply online, print and complete the Application and mail to the above address; fax to 517-349-5823; or email to info@michiganpolicechiefs.org along with your payment.

Application Type	
<input type="radio"/> Active Voting	\$115.00 Chiefs & Directors
<input type="radio"/> Active	\$100.00 Sworn LE Personnel
<input type="radio"/> Associate	\$115.00 Civilian LE Employees
<input type="radio"/> Supporting	\$500.00 Business/Corp
<input type="radio"/> Sustaining	\$50.00 Citizens

APPLICANT INFORMATION—Please Check Preferred Mailing Address

Name _____

Informal Name _____ Date of Birth _____

Title _____ MCOLES Number _____

Agency _____

Business Address _____

_____ City _____

County(required) _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

Fax _____ Alt Phone _____

Home Address _____

City _____ State _____ Zip _____

Gender Male Female

Education HS Some College Associate Degree
 Bachelor's Degree Master's Degree PhD

Have you previously been a member of MACP?

Yes No If yes, when & where _____

Applicant's Signature

Date _____

SPONSOR INFORMATION

The sponsor must complete the following:

I am stating that I am a current member of the MACP and am willing to sponsor this applicant for membership to MACP.

Name _____

Title _____

Agency _____

Signature _____

PAYMENT INFORMATION

Check Enclosed
(Payable to Michigan Association of Chiefs of Police)
 Visa Mastercard AMEX

Card No. _____

Expiration Date _____

3- or 4-digit Security Code _____ (on back of card or front for AMEX)

Name on Card _____

Email of Card Holder (for receipt purposes)

For Office Use Only

Received _____

Check # _____ CC# _____