

Member Application Form

Application Date:

What is your rank (Insp. Supt. C/Supt. etc.):

Department/Detachment:

First Name:

Last Name:

Mailstop/Address:

City:

Postal Code:

E-Mail:

Work Phone:

Cell Phone:

Executive Assistant Name:

Executive Assistant E-mail:

Are you a new member to the BC Association of Chiefs of Police?

Yes

No

If no, and you are already a member of the BCACP, what was your previous position?

Are you replacing a current position held by your department/detachment/organization with the BC Association of Chiefs of Police?

Yes

No

If yes, who/what position are you replacing and/or who are you replacing?

Comments/Questions:

OFFICE USE ONLY:

Presented to the Board:

Approved by Board:

Wild Apricot:

Invoice: