

201(AACOP Member Application, Renewal and Invoice

Membership is renewable each year on or by January 1. Membership cards are distributed at conference check-in for members who have paid dues by that time.

Date Submitted _____ **Title** _____

Full Name _____

Department/Agency _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

County _____ **District** _____ **Year Appointed** _____

Telephone _____ **Fax** _____

Email _____

- PLEASE: 1. Make check payable to: AACOP
2. Mail to AACOP - P.O. Box 211285, Montgomery, AL 36121
3. Mail a copy of this invoice with your check

Check	Due Fee	Type of Membership—Dues Renewable October 1st Annually
	\$100.00	Active Member - A Chief currently serving
	\$100.00	Professional Member - Law Enforcement/Government, not a Chief

AACOP OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received ___/___/___ Date Processed ___/___/___ Payment # _____ Initials _____