



ALABAMA ASSOCIATION OF CHIEFS OF POLICE

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| 334.730.8065

| www.AACOP.com

LIFETIME AACOP Member Application

Lifetime Membership requires 5 years service as an active chief in good standing and sponsorship by an active AACOP member.

(email this form to jroy@aacop.com)

Date Submitted _____ **Title** _____

Full Name _____

Department/Agency _____

Mailing Address _____

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

County _____ **AACOP District** _____ **Date Appointed** _____

Work Phone _____ **Cell** _____ **Date Retired** _____

Email _____

Name of active member sponsor: _____

Department / Agency _____

Work Phone _____ **Cell** _____

Email _____

AACOP OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received ____/____/____ Date Processed ____/____/____ Payment # _____

Initials