



Texas Citizen Police Academy Alumni Association – Region One Membership Application (FY 20____)

(Check One: New: ____ or Renewal: ____)

CPA Name: _____

Address: _____

City, State, & Zip: _____

E-Mail: _____

Web Address: _____

Number of Members: Active: _____ Inactive: _____

CPA Meeting Information:

Date(s): _____

Time(s): _____

Location: _____

CPA Officers and CPA Liaison

Name	E-Mail Address	Telephone	Cell Phone
President:			
1 st VP:			
2 nd VP:			
Secretary:			
Treasurer:			
Sergeant at Arms:			
Parliamentarian:			
CPA Liaison:			
CPA Liaison:			
Note: Month when Officer(s) take office:			

**Region One mailing address:
Texas Citizen Police Academy Alumni Association – Region One
c/o Calvin Walker, Registered Agent
524 Louisiana #15
Bacliff, TX 77518-2106**