

# AGENCY KCPC MEMBERSHIP APPLICATION



NEW   
  RENEWAL

**PLEASE PRINT CLEARLY**

Agency Represented					
Contact Name, Last		First			
Address					
City		Zip		Date	
Work #		Cell #			
Fax#		Email			

Agency Membership allows 4 members per agency. Each additional member is \$25.

Members	Last Name	First Name
1		
2		
3		
4		

**DUES: \$100 ANNUALLY**

Make check or money order payable to: Kentucky Crime Prevention Coalition  
 Please mail to: KCPC • PO Box 18442 • Erlanger, KY 41018

**FOR KCPC BOARD USE ONLY:**

Date Received		Date approved		Dated Voted in	
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