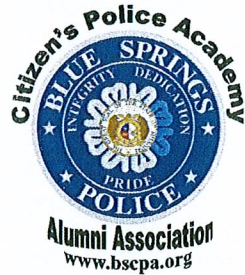


**BLUE SPRINGS CITIZEN'S POLICE ACADEMY ALUMNI ASSOCIATION
APPLICATION FOR MEMBERSHIP**



Complete and mail to: BSCPA Alumni Association, 205 SW 11th St, Blue Springs, MO 64015

Please make check payable to: BSCPA Alumni Association

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

CPA Class #: _____ OR Month/Year of Graduation: _____ Birth Date (mo/day): _____

Your occupation/professional background: _____

Feel free to provide feedback of why you wish to be a member of the Alumni Association and what you hope to get out of your membership? **(not required)**: _____

Signature: _____ **Date:** _____

Instructions:

- Complete and mail to: BSCPA Alumni Association, 205 SW 11th St, Blue Springs, MO 64015
- Send with \$15 check payable to BSCPA Alumni Association
- You will receive Alumni Association newsletter to the email address indicated above
- Continue to check the website (www.bscpa.org) for more information and opportunities