California Rural Crime Prevention Task Force
www.crcptf.com

DATE: _____

APPLICATION FOR MEMBERSHIP / RENEWAL

Yearly Membership Dues: $50.00 Per Organization / Individual

Instructions: Please type or print legibly.Send Check or Money Order for $50 made payable to:
"California Rural Crime Prevention Task Force" or "CRCPTF"

Mail application to: **CRCPTF**
Attention: Robin Valencia
PO Box 245
Sutter Creek, CA 95685

[ ] New Member [ ] Renewal [ ] Information Change [ ] Individual [ ] Organization

Renewal Contact Information for Billing (be sure to provide an email address):

Name:_____
Last First Middle Initial

Agency/Company:_____Title/Rank:_____

Address:_____
Street Number City State Zip

Work Phone: (____)_____ Work Fax: (____)_____

Pager: (____)_____ Cell : (____)_____

E-mail: _____

Please list all other members of your agency covered by this membership:

Name:_____ Phone: _____

Email: _____

Name:_____ Phone: _____

Email: _____

Name:_____ Phone: _____

Email: _____

Name:_____ Phone: _____

Email: _____

Name:_____ Phone: _____

Email: _____