



Wisconsin Crime Prevention Practitioners Association

www.wicrimeprevention.com

Membership Registration Form

MEMBER INFORMATION

Name:			Title/Rank:		
Address:				Phone:	
City:	State:	Zip:	Fax:		
Organization/Agency:					
Org./Agency Address: (if different than above)				State:	Zip:
Email address:					

PAYMENT INFORMATION

INDIVIDUAL MEMBERSHIP FEE \$20 <input type="checkbox"/>		
CORPORATE/BUSINESS MEMBERSHIP FEE \$100 <input type="checkbox"/>		
Select method of payment: (make checks/money orders payable to "WCPPA")		
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Invoice Organization/Agency

MEMBERSHIP SUBMISSION

FAX: (262) 835-4799		ATTENTION: SHAWN ENGLEMAN	
MAIL:	Shawn Engleman, WCPPA Treasurer c/o Caledonia Police Department 5045 Chester Lane Caledonia, WI 53402	QUESTIONS:	Joel Dhein (414) 228-1741 joelddhein@gmail.com
A confirmation email will be sent once your membership form is received and processed. A welcome packet will be mailed to you.			
Association information available at www.wicrimeprevention.com			