

**GENOA TOWNSHIP CITIZEN  
POLICE ACADEMY ALUMNI ASSOCIATION  
MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Class #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth MM/DD: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

By signing you agree to abide by the rules of conduct set forward. Further you acknowledge, and agree, to the standard background check that will be conducted prior to your membership being approved.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Membership dues are as follows:

1 Year Membership: \$20 for individual  
\$30 total for not more than (2) family members per household

Lifetime Membership: \$200 for individual  
\$250 total for not more than (2) family members per household

Mail application, signed documents, and check to: GTCPAAA  
7385 North State Route 3, Suite 175  
Westerville, OH 43082