



ALBERTA CITIZENS ON PATROL ASSOCIATION

Registration Form

To be completed and returned to:

Garth Kohlsmith
President ACOPA
#204 9928 105st
Westlock, Alberta
T7P 1S7
president@acopa.ca

Completion and submission of the registration form provides the following:

1. Application for membership of a Citizen on Patrol Group in A.C.O.P.A.
2. A central registry of Citizens on Patrol groups within Alberta

PLEASE PRINT:

Date: _____ Membership Fee Enclosed (\$50.00)

CITIZENS ON PATROL GROUP

Name of Group: _____

Mailing Address:

Apt No. & Street Address	City/Town	Province	Postal Code
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Contact Information:

Fax	Email Address	Website Address
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Number of Members: _____

C.O.P. CONTACT PERSON

C.O.P. Contact: _____

Mailing Address:

Apt No. & Street Address	City/Town	Province	Postal Code
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Contact Information:

Phone	Fax	Email Address
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POLICE SERVICES / RCMP LIASON MEMBER

Name of Liason: _____

Mailing Address:

Apt No. & Street Address	City/Town	Province	Postal Code
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Contact Information:

Phone	Fax	Email Address
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Signature of Liason: _____