



Application for Membership (Please Type or Print)

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Date entered law enforcement service \_\_\_\_/\_\_\_\_/\_\_\_\_ Years in law enforcement \_\_\_\_\_ Date appointed to current position \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of endorsing KACP member \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

Membership Dues: (Active) 1<sup>st</sup> class cities ---- \$150.00, 2<sup>nd</sup> class cities --- \$100.00 3<sup>rd</sup> class cities --- \$75.00,

Associate --- \$40.00 State/Tribal/Federal Agencies---\$150.00 Lifetime 0

If you are not yet a member of KACP, please consider joining now. If you are a member, please consider signing up your commanders as associate members. Also, please help recruit other chiefs and sheriffs in your area.

KACP also pledges to each Active member a \$2,500 line of duty death benefit. KACP also pledges to each Associate member a \$1,000 line of duty death benefit. This program, designated the Kurt Ford Memorial Survivor Benefit Program, was created and adopted by the KACP in May 2005 to honor the memory of its namesake, who was the first KACP member to be killed in the line of duty.

Another member benefit is the KACP InterNetworking program which keeps you abreast of law enforcement related issues through email communication as provided and/or requested by KACP members.

Ks Association Chiefs of Police PO Box 2163, Hutchinson KS 67504-2163

620-242-6565 Email [ksacp@ksacp.org](mailto:ksacp@ksacp.org) Website: <http://ksacp.org>

**Executive Director, Dennis Shaw**