

## Application for Membership

I hereby apply for  ACTIVE  ASSOCIATE membership with the Manitoba Association of Chiefs of Police.

If accepted, I acknowledge and accept the responsibilities and privileges of membership and pledge to uphold the honour of my profession, office and duties. I will fulfill my obligations to the Manitoba Association of Chiefs of Police and abide by the Association's Constitution, its rules and regulations, as contained in the By-laws.

**INFORMATION ON APPLICANT:** (Please complete form, using type or print. The information is for official MACP records only and will be kept confidential.)

**NAME:** \_\_\_\_\_  
(Surname) (Given Names – Underline first name)

**RANK/TITLE** \_\_\_\_\_ **FORCE/AGENCY/**  
**POSITION DESIGNATION:** \_\_\_\_\_ **DEPT./COMPANY:** \_\_\_\_\_

**ADDRESSES:** Send mail to **Office:**

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province) (Postal Code)

**Residence:**

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province) (Postal Code)

**TELEPHONE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

Brief narrative on police, military or security background, nature of present duties. (Show length of service and decorations if any – attach additional information if required).

Other memberships – e.g. Service clubs, professional associations:

**MEMBERSHIP FEE: Total \$100.00** (You will be sent an invoice.)

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

WHEN COMPLETED, PLEASE EMAIL THIS FORM TO:  
[will.tewnion@rcmp-grc.gc.ca](mailto:will.tewnion@rcmp-grc.gc.ca)  
(Supt. Will Tewnton, RCMP "D" Division, Secretary-Treasurer of MACP)