ALABAMA ASSOCIATION OF CHIEFS OF POLICE



P.O. Box 211285 | Montgomery, AL 36121

in

334.207.2712 (P) | 334.271.0071 (F) | www.AACOP.com

AACOP Lifetime Member Application

Full Name of Nor	minee
Title	Agency Name
Telephone	Email
Year Appointed	Date of Retirement*
Considerations f	or Lifetime Membership:
Name of Person	Nominating
Agency Name	Telephone
	ST-RETIREMENT CONTACT INFORMATION To Receive AACOP Lifetime Card and Information)
Mailing Address	
City/State/Zip _	
Telephone	Email
AAC	Complete the entire form and mail to: DP - P.O. Box 211285, Montgomery, AL 36121
	By-Laws, Lifetime Members that come out of retirement to work ield will be expected to rejoin and pay Active Member dues.
AA	COP OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE
Date Received//	Date Processed// Initials