

Topeka Police Department  
**Citizens' Academy Ambassadors**  
*Membership Application*

Complete and mail to: CAA, c/o Ben Clay, 320 SE Kansas Ave., Topeka, KS 66603  
**Membership dues: \$15. Please make check payable to: CAA**

In applying for membership in the Citizens' Academy Ambassadors, **I acknowledge that I am a graduate of the Topeka Police Citizen Academy. I have no prior felony arrests. I have no misdemeanor arrests within the past six months.** I further acknowledge that my membership in the Citizens' Academy Ambassadors may be terminated if I am subsequently arrested for a felony or misdemeanor.

Name (Print): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (**PLEASE print clearly**): \_\_\_\_\_

*Providing your e-mail address is voluntary, however, use of e-mail is our primary form of communication with the membership. We respect your privacy. Use of your e-mail address will be limited to Citizens' Academy Ambassadors information and other similar community, safety, law enforcement related messages.*

CPA Class Number: \_\_\_\_\_ OR Graduation date: Fall \_\_\_\_\_ Spring \_\_\_\_\_ of Year \_\_\_\_\_

Your occupation/professional background: \_\_\_\_\_

How did you learn about the Citizens' Academy Ambassadors? \_\_\_\_\_

Is another member of your family currently a member of CAA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give name: \_\_\_\_\_

**Check the committee(s) or areas of interest in which you would be willing to serve:**

_____ Social Functions	_____ Fundraising
_____ Membership	_____ Training/Program
_____ Community Relations	_____ Advisory Board Member

**Additional information may be required if you are not a recent graduate of the Citizens Police Academy.**

*The information on this form will be used exclusively by the CAA and will not be released to any other agency or organization, except as required by law. By your signature below, you have read the organization's Bylaws and agree to membership in the Citizens' Academy Ambassadors under the terms and conditions specified therein.*

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

**(Do not write below solid line)**

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**Recommended action:**