

**SANDWICH CITIZENS POLICE ACADEMY ALUMNI ASSOCIATION, INC.
ANNUAL MEMBERSHIP DUES**

Please Print:

First Name(s) _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone 1 _____ Cell Phone 2 _____

Email 1 _____

Email 2 _____

Renewal of Dues: \$20 x _____ members = \$ _____

Donation: \$ _____

Please make checks payable to
SCPAAA, Inc.

and mail to:

**SCPAAA, Inc
PO Box 753
Sandwich MA 02563**

Thank you!