Citizens Offering Parker Police Support (COPPS)



MEMBERSHIP REGISTRATION

Please provide all of the following informat	tion:			
NAME:				
ADDRESS:				
CITY:	STATE: ZIP:			
PHONE:	EMAIL:			
CITIZEN'S ACADEMY CLASS ATTENDED:	SPRING	FALL	YEAR	
All COPPS members are subject to an annual criminal record will not be allowed to rema 1) Any felony conviction 2) Any sexual assualt committed against and any domestic violence conviction I have read the above list of convictions and	nin a member of COPPS:	me	ring convictions on their	
any of the offenses listed.				
To facilitate the annual background check, p	please provide the follow	ing additional inforr	mation	
DATE OF BIRTH:	DRIVER LICENSE #			
D/L STATE OF ISSUE:	D/L DATE OF ISSUE:			
GENDER:				
2024 ANNUAL DUES: \$30 Individ	dual \$45 Coup	ole		
Membership dues can be paid by check (par or bring cash to the next meeting. Checks of COPPS P.O. Box 2482 Parker, CO 80134	•	use "Donate Now" t	ab at parkercopps.org),	
Please bring your completed form to a COP	PS meeting, email to Info	@ParkerCopps.org	or mail the form to:	

P.O. Box 2482

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Parker, CO 80134