



AMERICAN FEDERATION OF POLICE & CONCERNED CITIZENS
APPLICATION FOR MEMBERSHIP

- 1. Full Name _____
- 2. Mailing Address _____ Apt. No. _____
- 3. City _____ State _____ Zip _____
- 4. Phone _____
- 5. Email address _____

Select One:

- Active 1 year..... \$45
- Active 3 years..... \$115

FOR OFFICE USE ONLY

| | |
|--|--|
| | |
| | |

This is a renewal

Return this form to:
American Federation of Police & Concerned Citizens
6350 Horizon Drive
Titusville, FL 32780

Make checks payable to: AFP&CC

VISA MasterCard American Express
 Discover Check/M.O.
 Credit Card # _____
 Security Code _____ (3 or 4 digit number on back of card)
 Expiration Date ____ - ____ Amount \$_____
 Signature _____

Your membership makes you a part of a growing community of law enforcement partners. AFP&CC promotes and supports the law enforcement profession with:

- More than 30 Years of Service
- More than 150,000 Members & Donors Nationwide
- Support of the Second Amendment which provides for a strong home defense

Thank you for participating in this national program in support of law enforcement.

Sincerely,

Capt. Brian C. Smith, (Ret.)
President, AFP&CC