



**ALUMNI ASSOCIATION**

**MEMBERSHIP APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Year CPA Class Taken \_\_\_\_\_ Class Coordinator \_\_\_\_\_

Have you previously been a member of this organization? Yes / No

If Yes, during what years? \_\_\_\_\_

*(NOTE: Anyone applying for readmission to this organization, is subject to a background check and review by the Executive Board.)*

\_\_\_\_\_  
Signature

**SEND TO**  
**Lombard Police Dept.**  
**235 E. Wilson, Lombard, Il 60148**  
**Attn: LCPAAA Liaison Officer**

***Include \$24 for Membership dues  
with application***