



Crime Prevention Association of Michigan  
1407 S. Harrison, Suite 343  
East Lansing, MI 48823  
www.preventcrime.net

### Membership Application / Dues Renewal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Organization / Agency: \_\_\_\_\_

Title: \_\_\_\_\_ CPAM Member for \_\_\_\_\_ Years

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

Work Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address [ ] Home or [ ] Office \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Membership Dues: [ ] New Member \$30 [ ] Renewal \$30 [ ] Student-Free  
[ ] Central Michigan SPA Member \$20 [ ] Western Michigan CPA Member \$20

Make Checks Payable to: Crime Prevention Association of Michigan

And

Mail to: Crime Prevention Association of Michigan  
School of Criminal Justice  
1407 S Harrison, Suite 343  
East Lansing, MI 48823