



Police Association of Cape Coral 2015 Regular Membership Application

Please make checks payable to:
Police Association of Cape Coral (PACC), and mail completed
application form, along with dues to:

PACC
PO Box 100336
Cape Coral, FL 33910

Please include photocopy of Agency ID or proof of retirement from agency.

Last Name: _____ First Name: _____ MI: _____

Spouse or Significant other: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Address: _____

Alternate City: _____ Alternate State: _____ Alternate Zip: _____

Telephone #: () _____ Alternate Tele. () _____

Email address _____

Cell Phone () _____

Agency/Department: _____

____ Active ____ Retired

Date of Birth _____ Spouse's Date of Birth _____

Type of Membership: (please check one)

____ Regular Member \$30 (Active or retired Police Officer, Firefighter, or EMT)

____ Voting Spouse \$30

____ Non-voting Spouse \$15