



Membership Application Form
Ontario Association of Chiefs of Police
40 College Street, Suite 605, Toronto ON M5G 2J3
TEL: (416) 926-0424 FAX: (416) 926-0436
www.oacp.ca

NAME: _____

Service/Organization: _____

Rank/Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Assistant's Name: _____

Assistant's Phone: _____ E-Mail: _____

I wish to submit this application for membership and, if accepted, I agree to abide by the Constitution and By-laws of the Association.

Signature

Date

Membership Category:

Active

Associate

Associate Affiliate - Succession Planning and Professional Development

Affiliate Corporate

Affiliate Professional

Affiliate Non-Profit

Note: The Sponsor can be the Chief/Deputy Chief or a member of the OACP in good standing
Affiliate Applicants, please provide CV and Company Profile.

SPONSOR'S Name: _____

Service: _____

Sponsor's Signature: _____

Date: _____