



www.kansascrimestoppers.com

Membership Application

Name _____
Last First Middle Initial

Title/Position _____

Agency/Program _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Crime Stoppers Phone _____

E-Mail Address _____

Applicant's Signature _____ Date _____

Class of Membership Applying For:

- | | |
|-------------------------------------|------------------|
| <input type="checkbox"/> Individual | \$15.00 Annually |
| <input type="checkbox"/> Program | \$30.00 Annually |
| <input type="checkbox"/> Scholastic | No Cost |

2018 Membership
January 1 - December 31, 2018

Please Return a Copy of This Form and Payment by 2/1/18
Make Check Payable To

Kansas Crime Stoppers Association
c/o Det. Kevin Boehm
3100 Broadway, Suite 226
Kansas City, MO 64111