



NORTH CAROLINA ASSOCIATION OF CHIEFS OF POLICE

Corporate Captain Program

I want to become an NCACP Corporate Captain! Today's Date _____

Company Name _____

Company Address _____

I would like for my two Associate memberships to be in the following individuals' names:

Associate #1: _____

Email _____

Business Phone _____ Mobile Phone _____

Associate #2: _____

Email _____

Business Phone _____ Mobile Phone _____

Please indicate exactly how you prefer your company name be used on signage and listings:

Please indicate the complete website address for NCACP to link from your logo on our site:

IMPORTANT: Please email a copy of your company logo to: bhollingsed@ncacp.org

or pstarnes@ncacp.org. Please enclose your check payable to the NCACP along with

this Application and mail to:

Attn: Executive Director
North Carolina Association of Chiefs of Police
16 South Main Street
Waynesville, NC 28786