



Louisiana Association of Chiefs of Police
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LACP Additional Department Member Application

\$100 Annual Membership Fee for Ranked Officers

Rank _____ **Department** _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Mobile _____ **Email** _____

Complete the following to pay by credit card or make checks payable to LACP.
A 4% fee will be charged for all credit card payments.

___ **Visa** ___ **MC** ___ **AmEx** ___ **Disc**

Name on the Card _____

Billing Address _____

Card Number _____

Exp. Date _____ **VCode** _____ (*code on the back*)

Signature _____