

**Bloomington Crime Prevention Association
Application for Membership
Board of Directors**

Name: _____ Phone: (____)_____

Address: _____ Email: _____

City/State/Zip: _____

Business/Organization/Agency: _____

[BOD Meetings are the 4th Thursday of each month at 7:15am]

➤ Briefly describe your interest in crime prevention:

➤ List the organizations you are active in:

➤ What skills/talent would you bring to BCPA?

➤ Are you currently a member of BCPA? ()yes - ()no - ()send information

➤ What would be the best time for an interview?

Signature: _____ Date: _____

Please return this form to a Board of Directors Member, email to: board@bcpamn.org

or mail to: BCPA Board of Directors
PO Box 201803
Bloomington MN 55420-6803