



COPKA

Citizens for Respectful Policing

Membership Form

NAME: _____

(please print)

Address: _____

Phone: _____

E-mail: _____

I wish to receive the COPKA newsletter:
by email by mail no thanks

I agree with Copka's stated objectives.

Signature: _____

Date: _____

Member # _____ [*office use only*]

Memberships and renewals are subject to approval by the Board.

- Annual Membership (Jan. 1 to Dec 31) \$20.00
- Donation _____

Please send your cheque and this form to:

COPKA

200 Queen St.

PO Box 246

Killaloe, ON K0J 2A0

For more information, please contact us at 613-757-3104 or info@copka.ca

Thank you for your support!