

**North Carolina Justice Academy  
Management Development Program Alumni Association**

Membership Application

Name: \_\_\_\_\_  
                    Last                    Middle                    First

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

MDP Class Number: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

I, the undersigned, do hereby request membership in the North Carolina Justice Academy Management Development Program Alumni Association. I promise to abide by the constitution and by-laws established by the Alumni Association.

Signature of Applicant

Date

Type of membership applied for:

Active (\$25.00)    Honorary (\$0.00)    Associate (\$10.00)    Lifetime (\$0.00)

All information included on this form is for MDPAA official business **ONLY**. It will not be distributed, sold, or otherwise disseminated to the general public, businesses, other organizations or individuals.

**Please indicate where you wish to receive MDPAA correspondence:**

Home Address    Business Address