



Missouri Police Chiefs Committee Sign Up Form

Name: _____ Title _____

Agency: _____

Address: _____

City _____ State _____ Zip Code _____

Agency Phone _____ E-Mail _____

COMPLETE THE FORM AND EMAIL TO slineback@mopca.com .

COMMITTEES TO SELECT FROM	"X"
<i>Awards/Scholarship Committee</i>	
<i>Conference Committee</i>	
<i>Constitution & Bylaws Committee</i>	
<i>Credentials/Nominating Committee</i>	
<i>Diversity/Ethics Committee</i>	
<i>Legislative/ Resolutions Committee</i>	
<i>Membership Committee</i>	
<i>LETSAC /Police Traffic Committee</i>	
<i>Railroad Police /Private Security Committee</i>	
<i>University/College Police Committee</i>	
<i>Standards & Goals Committee</i>	
<i>Technology Committee</i>	
<i>Torch Run Committee</i>	
<i>Training Committee</i>	
<i>Homeland Security Committee</i>	
<i>Police Clerks Committee</i>	
<i>Grants Committee</i>	
<i>Memorial Committee</i>	
<i>Legal Defense Committee</i>	
<i>Fallen Officers Committee</i>	
<i>MPCCF D.A.R.E.</i>	
<i>School Resource Officers Committee</i>	
<i>Certification</i>	
<i>Business & Law Enforcement Partnership</i>	
<i>Building/Facility</i>	