



# APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete the Associate Member information and distribution request for your Municipality or Policing Advisory Group.

Police Advisory Group or Municipality	
Number of Police Service Personnel Community provides oversight for	POLICE OFFICERS: _____ OTHER THAN POLICE OFFICERS: _____ COMMUNITY POPULATION (rounded is fine): _____
Mailing Address	
Name of Detachment Commander/OIC/S.Sgt.	
MAIN CONTACT NAME & POSITION	**The person selected here AGREES to consent to be added to our email Membership & Newsletter distribution.
MAIN CONTACT Email	
MAIN CONTACT phone number	(        )
2 <sup>nd</sup> CONTACT NAME and POSITION TITLE (term expiry, if known)	This can be the Director of Admin.
2 <sup>nd</sup> CONTACT Email	
As per the AAPG Bylaws for Associate Membership, please provide a brief statement as to how your Municipality/Police Advisory group supports community governance and/or oversight of Police services.	

## EMAIL DISTRIBUTION CONSENT

As per Canadian Anti-spam and Privacy Legislation, AAPG requires written consent to add anyone onto our email distribution lists. Your information will not be distributed beyond AAPG Membership & SolGen (the Solicitor General requires AAPG to provide our Membership list with Main Contact info to them as part of our Grant funding agreement). You can request removal (unsubscribe/Opt-out) from any list at any time by emailing [admin@aapg.ca](mailto:admin@aapg.ca)

<b>NEWSLETTER LIST:</b> Open to anyone interested in AAPG. 3-times per year we email our Newsletter and will forward generically relevant AAPG information. (please provide names & email addresses)	
<b>MEMBERSHIP LIST:</b> Open to members only. We email AGM notices, CAC application announcement and any other relevant member only information (please provide names & email addresses).	