

GEORGIA POLICE ACCREDITATION COALITION, INC.

Date: _____ Application for Membership Updated Information

Agency Information

Agency Name: _____

CEO: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PHONE #: () _____ Ext: _____ FAX#: () _____

Agency Size: _____ Website Address: _____

AGENCY STATUS:

- Achieved CALEA Accreditation Achieved Georgia State Certification
 Self Assessment with a signed CALEA contract Self Assessment with a signed state contract
 Self Assessment without signed CALEA contract Self Assessment without a signed state contract
 Not pursuing State Certification or Accreditation at this time

Primary Contact

Secondary Contact (Optional)

Name: _____ Name: _____

Rank: _____ Rank: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____