



Police Department Citizens Support Group
Membership Application

To join CPDCSG, complete this form and mail to:
The Christiansburg Police Department Citizens Support Group
c/o The Christiansburg Police Department
10 East Main Street
Christiansburg, VA 24073

Application Category: Corporate [] Initial Regular [] Renewal Youth []
Last Name _____ First Name _____ M.I. _____
Date of Birth ___/___/___
Spouse Name (if applicable) _____
Organization Name (Businesses Only) _____
Title _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone: _____
Email Address _____
Brief Biography (optional)

My signature affirms that the information I have provided is true and correct to the best of my ability. I understand my membership in the CPDCSG may be terminated by action of the Board of Directors that would be any action upon my part that is considered detrimental to the CPDCSG. I further understand and authorize the Christiansburg Police Department to run a criminal background check for membership purposes.

Applicant Signature _____ Date _____

Authorized and accepted by Christiansburg Police Department

Authorized by _____ Date _____