



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:

☐
☐
☐

Initial
Regular
Corporate

☐
☐

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 for any action upon my part that is considered detrimental to the CPDCSG. My membership may also be terminated for non-activity within the CPDCSG for a period of +/- 6 months non attendance at meetings (in person or by Zoom if available) and/or no participation helping at various events throughout the year, 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 _____