

Texas Crime Prevention Association Incorporated

Application for Conference Waiver



All documents submitted will become the property of TCPA and will not be returned.

Recipients will be required to provide 10 volunteer hours at the upcoming TCPA Conference.

You will be contacted by the Volunteer Coordinator on your volunteer hours if selected.

Applicant name: _____

Mailing address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Applicant Contact Phone: _____ Regional Affiliation: _____

Is the application based on **need** or **accomplishments**? (Please circle.)

How many regional meetings have you attended during the past 12 months? _____

Have you attended the previous TCPA Annual Conference? (If so, which year?) _____

Are you currently serving on any TCPA committees or boards? (Please list including State or Region.)

Please list any TCPA regional activities you are involved with & your level of involvement: _____

Please list any other crime prevention programs, activities, etc. that you are currently involved with: _____

Additional information you'd like the committee to consider: _____

(Attach additional pages if necessary)

Applicant's Signature: _____ Date: _____

Regional President's Signature: _____ Date: _____

** Please email completed form and additional pages to: Secretary@tcpa.org by March 31**

Date received by committee: _____ Committee decision: _____

Date committee notified applicant & Region: _____