

Membership Application



Contact Information

Entity	
Street Address	
City ST ZIP Code	
Contact Person	
Work Phone	
Cell Phone	
E-Mail Address	

Membership Dues

___ Non-Profit entities - \$500 per year

___ Corporate or Government/Public Corporation entities - \$2,500 per year

___ Police Departments – In-kind donation by way of drop box locations at their facilities

Additional Donation \$ _____

If Applicant is a Police Department, please complete this section:

Location of proposed drop box:

_____, _____
Street Address City

Are there Standard Operating Procedures drafted for this program?

___ Yes ___ No

If yes, please provide.

Director Information

Upon acceptance of this application, the below individual is to be our elected Director to P2D2 and will have authority to vote on various matters brought before the P2D2 Board on behalf of our organization.

Name (printed)	
Title	

Signature

Name (printed)	
Signature	
Date	

Membership subject to Board approval.

Thank you for completing this application and for your interest in our organization.

Submit Application to: Missouri P2D2 c/o Brad Brown, Secretary, 727 Craig Road, St. Louis, MO 63141