

South County Police Business Associatin | 8101 Gravois | St. Louis, MO 63123

	Mission	STATEMENT			
The mission of the association is to support the officers of	the Court C		 a .1 a .	0	c 1

The mission of the association is to support the officers of the South County Precincts in their efforts to keep South St. Louis County a safe place to live and work. The association will also promote the South County community through crime prevention and education programs.

Dear South County Business Owner / Representative:

The South County Police Business Association would like to take this opportunity to solicit your membership to our organization.

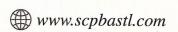
The South County Police Business Association was created to support the officers of the Affton Southwest & South County Precincts in their efforts to keep South St. Louis County a safe place to live and conduct business. The Association was formed to offer a unique opportunity for your direct involvement as a new member.

Attached please find an application for membership. Please note that 100% of all membership funds remain in the Affton Southwest and South County Precincts. This is an opportunity to support the men and women that protect our community, our residence and our place of business.

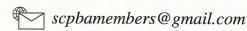
Annually, in October, there is a membership luncheon to provide a report of progress regarding our accomplishments in support of both the Precincts. In addition, an officer from the Third and Fourth Precincts is honored and recognized for outstanding service to our community.

On behalf of the Board of Directors, we would like to invite you to participate in The South County Police Business Association. Thank you in advance for a response to this invitation. Please feel free to contact us via our website.

South County Police Business Association Membership Coordinator





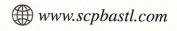




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J	You can support the efforts of the South Co becoming a business/organization, indi	ounty Police Business Association by vidual, or an association member.
Name of Individual		
Contact Person		
Address		
City		State Zip
Phone Number	Fax Nu	umber
Email Address		
	☐ First Time Applicant	☐ Renewal for One Year \$
Annual Dues Please Check	Business Origanization Platinum Badge Member (\$500) Gold Badge Member (\$300)	Individual Member Individual (\$100) Associate Member (\$50)

Annual Membership renewal due May 1st of each year. Please send completed application and check payable to:

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___ Silver Badge Member (\$200)



___ Donation \$_