



International Association of Law Enforcement Intelligence Analysts, Inc.



ACADEMIC INSTITUTIONS

Application for New Membership/Renewal

**Application processing may take 4-6 weeks.

Type of Membership*: **New:** _____ **Renewal:** _____ **Membership #:** _____

Institution Name: _____

Contact Name: _____

(Last)

(First)

(Middle)

Contact Phone: _____ Fax: _____

Institution Phone: _____ Fax: _____

E-mail: _____

Institution Address: _____

City: _____ State/Province: _____ Country/Postal Code _____

Current Degree Programs: **Bachelors:** _____ **Masters/PHD:** _____ **Other:** _____

Type of Programs: **Criminal Justice:** _____ **Intelligence:** _____ **Other:** _____

What department houses these programs? _____ How many students are registered? _____

How many professors teach for these programs? Full Time: _____ Part Time: _____

**** IALEIA HAS RESERVED THE ACADEMIC MEMBERSHIP FOR INSTITUTIONS OF HIGHER EDUCATION. IN ORDER TO ENSURE THAT INSTITUTIONS APPLYING FOR THIS CATEGORY QUALIFY AS HIGHER, FORMAL EDUCATION SUPPORTING DOCUMENTATION IS NEEDED. PLEASE INCLUDE A LIST OF THE CRIMINAL JUSTICE/INTELLIGENCE PROGRAM FACULTY, A LIST OF THE COURSES OFFERED, AND A REVIEW OF RESEARCH PROJECTS AND PERIODICALS AVAILABLE THROUGH THE PROGRAM.**

Are you interested in receiving marketing materials from IALEIA corporate members? Yes

APPLICANT'S CERTIFICATION

I hereby apply for membership, on behalf of the named academic institution, in the International Association of Law Enforcement Intelligence Analysts in the academic membership category. I agree to be bound by the Bylaws of the Association and by its Code of Ethics. I understand that if, for any reason, my application is not accepted, a full refund will be made to me.

(Signature)

(Date)

Payment Information

Fees: Academic \$150/year _____ (Multiple year payments are permissible up to five years in advance)

Amount Enclosed: \$ _____ Payment Method: (Circle one) Check Money Order VISA MasterCard AmEx

Cardholder's Name _____ Card Number: _____ Exp. Date: _____

Credit Card Billing Address _____

(Only street address and postal code are needed.)

Authorized Signature: _____

Dues are payable to IALEIA in U.S. dollars; checks must be payable at U.S. branch banks. Returned checks will result in a \$25 fee assessed to the prospective member. Bank charges to us from you will be billed to you. IALEIA is a non-profit organization; dues are tax deductible to the extent provided by the tax laws in your country.

Mail application and payment to: IALEIA Inc., P.O. Box 13857, Richmond, VA 23225

If paying by credit card, you may fax form to: 804-565-2059

Revised 8/12/05