



Membership Application: New _____ Renewal: _____ Member # (if renewal): _____

Membership Category*:

Individual: Regular _____ Associate _____ Student _____ Developing Nation _____

Organization: Corporate _____ Academic Institution _____

If you are NOT a current member of the law enforcement or intelligence community, please include a paragraph explaining why you should be accepted into the membership category for which you are applying.

Applicant Name: _____
 (Last) (First) (Middle)

Agency/Employer: _____

Agency/Employer Address: _____

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

Work Phone: _____ Fax: _____

E-mail: _____

Current Position/Title: _____

Home Address (Optional): _____

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

Send mail to: Employer Address: _____ Home Address: _____

Address for Membership Directory: Employer Address: _____ Home Address: _____

Are you interested in receiving literature about the IALEIA Certification process? Yes _____ No _____

Are you interested in receiving marketing materials from IALEIA corporate members? Yes _____ No _____

Sponsoring Member: _____ Membership #: _____

Applicant's Certification

I hereby apply for membership in the International Association of Law Enforcement Intelligence Analysts, Inc. in the membership category stated above. 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 *(Multiple year payments are permissible up to five years in advance)*

Fees: Regular/Associate (\$50.00 USD/year): _____ Corporate (\$2,500.00 USD/year): _____

Student (\$25.00 USD/year): _____ Academic Institution (\$1,500.00/year): _____

Developing Countries (\$10.00 USD/year): _____

Amount Enclosed: \$ _____

Payment Method: Check _____ Money Order _____ VISA _____ MasterCard _____ AmEx _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Credit Card Holder Name: _____

Credit Card Billing Address: _____

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 or email to admin@ialeia.org
 If paying by credit card, you may fax form to: 804-565-2059. Please allow 4 to 6 weeks for processing of membership.**