

International Latino Gang Investigators Association

P.O. Box 1148, Gig Harbor, Washington 98335

www.ilgiaonline.org



Membership Application (\$25.00 per year)

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

E Mail: _____ Alternate E Mail: _____

(A valid, unblocked e mail address is required for access to the secure members-only website)

Employment Information

Agency: _____ Rank/Title: _____

Sworn/Civilian: _____ Active/Retired: _____

Supervisor Name: _____ Supervisor Phone: _____

Work Address: _____

Work Phone: _____ Cell Phone: _____

New Member: _____ Membership Renewal: _____

By signing this application, I affirm that the above information is true and correct. I agree to promote the ideals and objectives of the International Latino Gang Investigators Association, conduct myself professionally and by the by-laws of the association. I understand my membership may be suspended by the ILGIA Board for violations of the by-laws or conduct which is unprofessional or reflects poorly on the ILGIA as a whole.

Signature: _____ Date: _____

(New Members must include a copy of your law enforcement identification)

Mail completed application with payment (check/money order) to ILGIA, P.O. Box 1148, Gig Harbor, WA 98335
OR E Mail completed application to Membership@ilgiaonline.org.