



Crime Analysts of Illinois Association, Inc.

2010 Application for Membership

Applicants name: _____

Position/Title/Rank: _____

Agency: _____

Agency Address: _____

Telephone number: _____

E-mail address: _____

Are you a member of any other crime analysis association? Yes No

If yes, please list them here: _____

Please list any specialized analytical training: _____

Payment method: Cash Check Money Order

I hereby apply for membership in the Crime Analysts of Illinois Association, Inc. I understand that this membership is valid for calendar year 2010 and if for any reason my application is not accepted my remittance will be returned to me. Also, if my position, as stated above, were to terminate, my membership will be suspended until such time as I provide proof of employment with another law enforcement agency, or until my current membership expires, whichever comes first. I also understand that it is my responsibility to notify the Vice President of Membership regarding any such employment changes.

Signature of applicant: _____

Date: _____

Mail this application, along with your \$30.00 membership remittance to:

Crime Analysts of Illinois Association, Inc.
c/o Deb Mero
Bureau of Alcohol, Tobacco, Firearms and Explosives
525 W. Van Buren St. Suite 600
Chicago, Illinois 60607-3823

For further information, contact: Deb Mero at 312-846-8883 or Deborah.Mero@atf.gov