

## Crime Analyst of Illinois Association, NFP Dedicated to enhancing crime and intelligence analysis

## 2018 Application for Membership

Date:_			N	ew Member:	Renewal:
	Applicant's Name				Voors' experience as Analyst
	Position/Title/Ran	k/Division:			
	Agency:				
	Agency Address: _				
	Telephone Numbe	r:			
	E-Mail Address:				
	RMS:				
	Any Skills or Expertise You Would Like to Share:				
	Areas you would like to receive training or refresher in 2018?				
	Areas you would be confident in presenting:				
Membe	rship: (\$35.00)  If you prefer to mail this application along with your membership of \$35.00 remittance to: Crime Analyst of Ill Association, NFP - C/O Veronica Salazar – Wheeling Police Department (1 Community Blvd , Wheeling, IL 60090 ***Cash is only accepted in person. Do NOT send cash through the mail.)				
	Payment Method:	□Cash	☐ Check / MO	☐ Pay Pal/ Cre	edit Card
	I hereby apply for membership in the Crime Analyst of Illinois Association, NFP. I agree to abide by the Bylaws of the				
	Association. I understand that if, for any reason, my application is not accepted, a full refund will be made 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 ar	other law enfor	cement agency, or until m	y current membership	expires, whichever comes first. I also garding any such employment changes.
	Signature of Applic	cant:			
	Date:		By signing helow Troc		of Sensitive Information of membership in Crime Analyst of Illinois . Lagree

## 2018 Board Members

Law Enforcement Sensitive information that I am exposed to, regardless of format or medium, shall be

disclosed by me only as necessary to members of other law enforcement agencies.