

ARIZONA HOMICIDE INVESTIGATORS ASSOCIATION



MEMBERSHIP APPLICATION/RENEWAL

January 2009 through December 2009

POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO NO CROSS

NAME: _____

TITLE: _____ ASSIGNMENT/UNIT: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____

E-MAIL ADDRESS: (REQUIRED) _____

CHECK APPROPRIATE MEMBERSHIP STATUS:

A \$10.00 late fee will be assessed to all applications received after March 25, 2009

_____ RENEWAL - \$20.00

_____ NEW MEMBER - \$20.00

_____ ASSOCIATE MEMBER - \$20.00

_____ RETIRED MEMBER - \$10.00

CHECK APPROPRIATE METHOD OF PAYMENT:

_____ PERSONAL CHECK or MONEY ORDER ENCLOSED (No cash please)

_____ PAID BY DEPARTMENT (Payment enclosed)

_____ PAID BY DEPARTMENT (Pending processing and sent separately)

MAKE CHECKS PAYABLE TO: ARIZONA HOMICIDE INVESTIGATORS ASSOCIATION

MAIL TO:

ARIZONA HOMICIDE INVESTIGATORS ASSOCIATION

PMB 418

3655 W. ANTHEM WAY, SUITE #A-109

ANTHEM, ARIZONA 85086

POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO NO CROSS

(TREASURER USE ONLY)

DATE PAID: _____ AMOUNT: _____ CHECK NUMBER: _____

OTHER METHOD OF PAYMENT: _____