

DO NOT USE

IACP MEMBERSHIP APPLICATION

Name: _____ (Please Print)
First Middle Initial Last

Title/Rank: _____

Agency/Business Name: _____

Business Address: _____

City, State, Zip, Country: _____

Residence Address: _____

City, State, Zip, Country: _____

Send mail to my Business Residence Address

Business Phone: _____ Mobile: _____

Email: _____

Website: _____

Have you previously been a member of IACP? Yes No

Date of Birth: (MM/DD/YYYY) ____/____/____ I am a sworn officer. Yes No

My primary language (and dialect, if applicable) is: _____

The IACP currently offers many materials in five languages. Please select which language you would like to receive IACP communications: Arabic English French Portuguese Spanish

I have an Active Member Sponsor (required). Their name and member number are: _____

I do not have an Active Member Sponsor. The IACP will review the application. Additional time will be required to process the membership.

Amount to be charged _____ (U.S. dollars only - Membership includes subscription to *Police Chief* magazine valued at \$30.)

I have enclosed: Purchase order Personal check/money order Agency check

Charge to: MasterCard VISA American Express Discover

Cardholder's Name: _____

Card #: _____ Exp. Date: ____/____ CVV# _____

Cardholder's Billing Address: _____

Signature: _____

By joining the IACP, I have reviewed and agree to the IACP's Privacy Policy which can found at www.theIACP.org/privacy-policy.
 All memberships expire December 31 of each calendar year. Applications received after August 1 will expire the following year. Return completed application via mail, fax (703.836.4543) or email (membership@theIACP.org). Questions? Contact Membership at 800.THE.IACP.

Membership Categories

Information on membership categories and eligibility can be found on the IACP web site www.theIACP.org/membership-criteria

Active Member (sworn command level) **\$190**

Associate Member:

General **\$190**

Academic **\$190**

Service Provider **\$500**

Sworn Officer (sworn non-command level) **\$75**

Student **\$30**
 University name: _____

Optional Working Group Memberships

(Membership in the IACP is a prerequisite for joining a working group. Additional qualifications for working group memberships may apply. Please see the website: www.theIACP.org/working-group/sections):

- Capitol Police **\$30**
- Defense Chiefs of Police **\$15**
- Drug Recognition Expert (DRE) **\$25**
- Indian Country Law Enforcement **\$25**
- Intl. Managers Police Academy & College Training **\$25**
- Law Enforcement Information Technology (LEIT) **\$25**
- Legal Officers **\$35**
- Midsize Agencies Division **\$50**
- Police Chaplain **\$50**
- Police Foundations **\$20**
- Police Physicians **\$35**
- Police Psychological Services— (initial processing fee) **\$50**
- Police Research Advancement **\$50**
- Private Sector Liaison **\$50**
- Public Information Officers **\$15**
- Public Transit Police **No Charge**
- Railroad Police **No Charge**
- Retired Chiefs of Police **No Charge**
- Smaller Department **\$20**
- S&P Police Alumni **No Charge**
- University/College Police— Initial Member **\$50**
- University/College Police— Additional members **\$15**