

INSTITUTE FOR LAW ENFORCEMENT ADMINISTRATION ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

New/Renewal

\$25.00 Annual Dues

Please check address where you wish to receive mailings. If you would like your agency invoiced, please provide appropriate information below.

Name/Rank _____

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BILL TO: Agency Address _____

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Attention _____

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_____ A check in the amount of \$25.00 is enclosed.

Checks should be made payable to the ILEA Alumni Association.

_____ Please charge my membership to: ___ AE ___ MC ___ VISA ___ Discover

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