



International Association of Auto Theft Investigators

P.O. Box 223, Clinton, New York 13323-0223
(315) 853-1913 - FAX (315) 793-0048

APPLICATION FOR MEMBERSHIP / RENEWAL

NAME _____ MEMBER # (Renewals) _____

HOME ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ CODE/COUNTRY _____

AGENCY OR BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ CODE/COUNTRY _____

OCCUPATION _____ RANK/TITLE _____

HOME PHONE _____ WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____

If you belong to an IAATI Chapter(s) and/or State Theft Association, Please list here:

If you are retired from a law enforcement agency:

Date Retired _____ Name of Agency _____

MAIL CORRESPONDENCES TO: BUSINESS ADDRESS HOME ADDRESS

THIS SECTION MUST BE COMPLETED FOR ALL NEW MEMBERSHIP APPLICATIONS.

Supervisor: _____

Name and Position: _____

Telephone: () _____

ALL INFORMATION WILL BE VERIFIED BY AN IAATI REGIONAL REPRESENTATIVE
PRIOR TO THE PROCESSING OF THE MEMBERSHIP APPLICATION BY IAATI.

INSTRUCTIONS: Mail completed application, along with check, money order or credit card information to:

IAATI Executive Offices * P.O. Box 223 * Clinton, New York 13323 - 0223

Make checks payable to IAATI.

Payment of dues must accompany membership application - All payments must be made in U.S. Dollars. Dues are \$35.00 for a new member and \$30.00 for renewal.
VISA and MasterCard only accepted.

Credit Card No. _____ Expiration Date _____ / _____ / _____

Cardholders Name _____ Signature _____