



International Association
Of Auto Theft Investigators
P.O. Box 223
Clinton, NY 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 _____

PHONES: HOME() _____ WORK() _____ FAX() _____

E-MAIL ADDRESS _____

If you belong to an **IAATI** Regional Chapter(s) and/or State(s) 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

Recommending Member/Supervisor: _____

Title/Position: _____ IAATI Member # _____

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, NY 13323-0223

Make checks payable to IAATI

Payment of dues must accompany membership application - All payments must be in U.S. Funds. Dues are \$ 35.00 for a new member and \$ 30.00 for renewals. Visa, Master Card, Discover and American Express accepted.

Credit Card # _____ Expiration Date _____

Card Holders Name _____ Signature _____