

~ JOIN THE ILLINOIS CHIEFS IN 2010 ~

Application for Membership (*New or Renewal)



I herewith present my application for membership in the Illinois Association of Chiefs of Police, promising if selected, to be governed by the Constitution and By-Laws of the Association. Incomplete applications will be RETURNED.

Full Name: _____ First Name (Nickname) for Nametags: _____
(first) (middle) (last)

Title/Rank: _____ Date of Birth: _____ Private E-Mail: _____

Name of Agency/Business: _____ E-Mail: _____

Business Phone: (_____) _____ Fax #: (_____) _____ Cellular: (_____) _____
(area code) (area code) (area code)

Office Address: _____ County: _____
(number/street) (city & state) (zip + four)

Home Address: _____ Home Phone: (_____) _____
(number/street) (city & state) (zip + four) (area code)

U.S. Congressional District #: _____ IL Senate Legislative District #: _____ IL House District #: _____

Are you a member of the International Association of Chiefs of Police? Yes No Member ID #: _____

Are you a member of an Illinois Regional Association? Yes No If so, which one? _____

***** New Member's Sponsor: _____
(IL Chiefs Association Member's Name) (Title) (Agency)

***ALL NEW applications for Active, Associate or Sustaining membership MUST be endorsed by an Active Member in good standing of this Association. Further, FINAL APPROVAL of membership shall be determined by the ILACP Membership Committee.**

NOTE: Applicants for Associate Membership shall, if so requested by the Membership Committee, provide documentation to indicate their qualifications for Membership by virtue of their training and experience in Police and other Law Enforcement activity, and other professional attainments in Police Science or Administration, or their legitimate special interest in Law Enforcement activity compatible with the goals of this Association.

By returning your completed application with payment, you agree to allow ILACP to send you communications via fax and/or email. Your information will not be used for the purposes of telemarketing or Internet Spam of any kind.

I AM APPLYING FOR THE FOLLOWING MEMBERSHIP TYPE: (Check applicable category below. For an explanation of membership types, consult Article III of the By-Laws on the website at www.ilchiefs.org.) Dues are renewable annually.

- Active - 1st member of agency = (1 to 10 sworn) \$100; or (11 to 99 sworn) \$200; or (100 or more sworn) \$300
- Active Other - 2nd/additional members of agency = (1 to 10 sworn) \$75 each; or (11 to 99 sworn) \$85 each; or (100 or more) \$95 each
- Associate - 1st member of agency/company = \$150; Associate Other - 2nd/additional members of any agency/company = \$100 each
- Retired Member**: Based on agency size (1 to 10 sworn officers) = \$100; or (11 or more sworn officers) \$200
- Retired Active Other Member** = Based on agency size (1 to 10 sworn) \$75 each; (11 to 99) \$85 each; (100 or more) \$95 each
- Life Associate Member = \$150 (option for our LIFE members in full-time but non-law enforcement employment)
- Sustaining (i.e. Business/Corporation) Membership = \$400 annually

**NOTE: Retired Membership classification is reserved for any Active Member who retired with less than 10 years of membership but who desires to attain Life Membership status. Retirees prior to 2010 remain at their former renewal rate. Prior Retirees were paying at \$85/\$135/\$200 amounts depending on fees at year of their retirement.

PAYMENT METHOD CHOICE:

Please use this signed application as your invoice. Reference it as **INVOICE NUMBER**, using 1st six characters of your LAST NAME, dash, 1st six characters of DEPARTMENT NAME, dash, 10 (i.e. jones-peoria-10). A copy of this completed form **MUST** accompany any check(s). If check covers multiple persons, attach copy of ALL individual member forms (regardless of whether NEW or RENEWALS).

INVOICE NUMBER: _____

Signature of Applicant: _____ **Date Signed:** _____

Payment Enclosed with Check, payable to Illinois Association of Chiefs of Police.

Please Charge My: VISA / MASTERCARD Card # _____ Exp. Date: _____ 3-Digit ID: _____

Name on Credit Card: _____ (only VISA or Mastercard accepted by ILACP)

Contributions or gifts to the Illinois Association of Chiefs of Police are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense, when applicable.

(This space for Office/Committee use only) Sponsor Check Membership Committee Mentor Assigned

Date Rec'd _____ Rec'd By: _____ Approved By: _____