



**TEXAS GANG INVESTIGATORS ASSOCIATION
MEMBERSHIP APPLICATION**

NAME: _____ PID (Texas Only) _____

Date of Birth: _____ Driver's License: _____

Mailing Address: _____
Street City State Zip

County of Residence: _____ Agency Email: _____

Agency Name: _____

Agency Address: _____
Street City/State State Zip

Contact Phone: _____ Position/Rank: _____

Circle membership type: ACTIVE (Law Enforcement/Criminal Justice)
 ASSOCIATE (All others, with approval)

SIGNATURE: _____ DATE: _____

Dues: ACTIVE members \$20.00 per year ASSOCIATE members \$10.00 per year

Send CHECK or MONEY ORDER (no cash accepted) with application **and** a copy of your Agency ID or State Issued ID (Required for all applicants) to:

**TEXAS GANG INVESTIGATORS ASSOCIATION
ATTN: Membership Chairman
P.O. Box 3315
El Paso, TX 79923**

(For TGIA Membership Office Use Only)

Membership Approval: _____ Date: _____

Region: _____ Method of Payment: _____