



TEXAS GANG INVESTIGATORS ASSOCIATION MEMBERSHIP APPLICATION

NAME: _____ PID (Texas only): _____

Date of Birth: _____ Drivers License: _____

Mailing address: _____
Street City/State Zip

County of Residence: _____ Email address: _____

Agency Name: _____

Agency Address: _____

Contact Phone: () _____ Position/Rank: _____

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

SIGNATURE: _____ DATE: _____

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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

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(For TGIA Membership Office Use Only)

Membership Approval: _____ Date: _____

Region: _____ Method of Payment: _____