



# INSTITUTE FOR LAW ENFORCEMENT ADMINISTRATION ALUMNI ASSOCIATION



## MEMBERSHIP APPLICATION New/Renewal

**\$25.00 Annual Dues**

*Please check address where you wish to receive mailings. If you would like your agency invoiced, please provide appropriate information below.*

Name/Rank \_\_\_\_\_

Agency \_\_\_\_\_

**BILL TO:** Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attention \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ A check in the amount of \$25.00 is enclosed.  
*Checks should be made payable to the ILEA Alumni Association.*

\_\_\_\_\_ Please charge my membership to: \_\_\_ AE \_\_\_ MC \_\_\_ VISA \_\_\_ Discover

Card number \_\_\_\_\_ Exp date \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_  
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Signature (if paying by credit card) \_\_\_\_\_

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