



Arizona Association of Crime Analysts
 P.O. Box 2587
 Phoenix, Arizona 85002-2587

Arizona Association of Crime Analysts Membership Form

Member Applicant Information

Employee Volunteer

Name:	
Title:	Agency Name or Company:
Address:	City/St/Zip:
Primary Phone:	Primary Fax:
Cell Phone:	Agency or Company Website:
Primary Email:	Other Information or Notes to AACA Board:

Membership Type Requested:

Type of Membership Desired	Renewal?	New?	Dues	Payment Method
Regular Membership (AACA Only)	<input type="checkbox"/>	<input type="checkbox"/>	\$ 35.00	
Joint Membership Regular (AACA/IACA)	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
Associate Membership	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00	

[Note: Payment methods are – Mailed Check, Mailed Cash, Giving Check or Cash in Person to board member, Submitted for Agency Invoice or Check, Google Checkout (credit card)]

*I hereby apply for regular or associate membership in the Arizona Association of Crime Analysts. I understand that this membership is valid for the current calendar year and, if for any reason, my application is not accepted, a full refund will be made to me; otherwise, membership fees are non-refundable. I agree to be bound by the *bylaws of the association. It is my responsibility to contact the AACA with any changes in my position. The AACA Executive Board reserves the right to refuse membership to any applicant and to review the current status of any individual member at any time. By signing below the applicant certifies that everything entered on this form is true and correct.*

**Please consult the AACA bylaws for Regular and Associate Membership Criteria*

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

Return this completed form and your 2010 dues to:

Arizona Association of Crime Analysts
 P.O. Box 2587
 Phoenix, AZ 85002-2587
<http://www.aacaonline.org/index.html>
info@aacaonline.org

AACA Treasurer Use Only Below This Line	
Dues Received: Cash _____ Amt \$ _____ Check _____ Amt \$ _____ Google _____ Amt \$ _____ Other _____ Amt \$ _____	<input type="checkbox"/> Notified Web Master Once Dues Paid <input type="checkbox"/> Entered or Updated in the Membership Database <input type="checkbox"/> Welcome Email Sent Out Other Notes: