

Pennsylvania Auto Crime Investigators Association

Application for Membership – Date: \_\_\_/\_\_\_/\_\_\_\_

First Name: MI: Last Name:

Organization: Position/Title:

Work Address: Phone:

City: State: Zip:

Email address:

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Mail sent to HOME\_\_\_\_ or WORK\_\_\_\_ (Home Information will not be published)

Home Address:

City: State: Zip:

Personal Email:

ANNUAL DUES: $20.00 for Law Enforcement

$20.00 for Insurance Investigators and non Law Enforcement

Renewal: New Membership:

By signing this application for membership or renewal of membership you agree to obey the rules and Bylaws of the Pennsylvania Auto Crime Investigators Association Inc. You also agree to hold them harmless for your actions as it relates to this membership.

SIGNATURE: Date: / /

New Membership—Mandatory

The recommending members must complete this section.

(It is necessary to have two (2) recommendations for membership).

Recommending Members

Name: Signature:

Name: Signature:

Please forward your completed application/renewal to:

PACIA, P.O. Box 16003, Philadelphia PA 1911

Association Use Only

Recommendations Verified: Date:

Membership Approved: Date:

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PACIA Receipt for Membership

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_