



Application for Membership

Name: _____ Date: _____

Department/Agency _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ New Renewal

Supervisor's Rank/Name: _____

Supervisor's Telephone # _____

Active Membership Associate Membership

Applicants must include a photocopy of their agency I.D. along with the membership application.

Active Membership: A full-time sworn peace officer employed by any federal, state, county, or municipal agency. Prosecutors employed by the United States, state of Iowa, or any county or municipality within the state of Iowa. Criminalists, crime scene technicians, lab technicians, and criminal / intelligence analysts employed by a governmental agency or the armed forces of the United States, and others in associated career fields. Active members who are not sworn peace officers may not qualify for certain training as per rules of DEA and other agencies providing training.

Associate Membership: Associate members shall be those who have an interest in the goals and objectives of this organization and / or possess a particular expertise, which will enhance the mission of the Association. Associate members may not vote on any issue and they may not hold elective or appointive office within the Association. Associate members may not qualify for certain training as per rules of DEA and other agencies providing training.

Memberships are good from January 1st through December 31st of each year. Memberships received *before* October 1st will expire on December 31st of the same year. Memberships received *after* October 1st will continue through the following year.

Annual Membership Dues are \$25.00, payable at time of application.

Return completed application to:

Iowa Narcotics Officers Association
PO Box 6040
Des Moines, Iowa 50309

Office Use Only

Date Received _____
Date Reviewed by Board _____
Approved/Denied _____
Region _____