



"COURAGE TO ENGAGE"

AGIA MEMBERSHIP APPLICATION

Date: _____ New _____ Renewal _____

Name: _____
Last First MI

Agency: _____

Address: _____

City/Zip: _____

Rank/Title: _____ Phone: _____

Email: _____

As a member, I _____ agree to abide by the bi-laws of AGIA.

Membership will not be approved without signature of agreement.

***A copy of departmental identification must accompany membership application.**

Membership will not be approved without proof of credentials.

ANNUAL MEMBERSHIP FEE: \$25

Checks/Money Orders payable to AGIA

Mail to:

AGIA

c/o Dan Sudd

P.O. Box 1081

Pelham, Alabama 35124