



FLORIDA INTERNAL AFFAIRS INVESTIGATORS ASSOCIATION

Application for Membership

Dues - \$30.00 Annually per **Investigator**

Type of Membership: (check one)

New Member: ___ Active ___ Associate

Renewal: ___ Active ___ Associate

Department Name: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____

FAX: _____

E-Mail: _____

***Names of department members to be included on the FIAIA Association roster:**

Rank & Name: _____

Rank & Name: _____

Rank & Name: _____

Rank & Name: _____

Make check payable to and mail to:
Florida Internal Affairs Investigators Association
PO Box 880283
Port St. Lucie, FL 34988-0283