



2025 NEW LERMI MEMBER APPLICATION

EIN # 20-2224630

Name: _____

Title: _____

Replacing Previous Member? Name: _____

Department: _____

Department Address: _____

City/State/Zip: _____

Phone: (____) _____

Fax: (____) _____

E-Mail Address: _____

I hereby make an application for membership in accordance with the provisions of the by-laws of the Law Enforcement Records Managers of Illinois (LERMI). Renewals will be done in the form of an invoice towards the end of the membership year. If you choose to not renew please advise the board. Membership is from January through December.

** Check or Cash only- We do not accept Credit/Debit Cards**

ENCLOSE MEMBERSHIP DUES OF \$40 /MEMBER MAIL TO: LAW ENFORCEMENT RECORDS MANAGERS OF ILLINOIS (LERMI) C/O ALMA THORSON 300 CIVIC CENTER PLAZA GLENDALE HEIGHTS, IL 60139	Dues Received:
	Executive Approval:
	Membership Approval:
	President's Signature:

Notes: _____

