



2023 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 application for membership in accordance with the provisions of the by-laws of the Law Enforcement Records Managers of Illinois (LERMI).

**** 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: _____
