



2020 MEMBERSHIP APPLICATION

EIN # 20-2224630

Name: _____

Title: _____

Renewal/Member Since _____

New Member/Date of Membership _____

Department: _____

Department Address: _____

City/State/Zip: _____

Phone: (____) _____

Fax: (____) _____

E-Mail Address: _____

Please send association mail to: Office E-Mail

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

Enclose dues of \$25.00 for Primary Member and \$15.00 for Secondary(s)

*Mail to: Law Enforcement Records Managers of Illinois c/o Alma Thorson, Treasurer 300 Civic Center Plaza
Glendale Heights, IL 60139*

Dues Received:
Executive Approval:
Membership Approval:
President's Signature:

Notes: _____
