



MEMBERSHIP APPLICATION

NAME: _____

TITLE: _____

STATUS (CIRCLE): **SWORN/CIVILIAN** **ACTIVE/RETIRED**

DEPARTMENT: _____

DEPT ADDRESS: _____

UNIT ASSIGNMENT: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

Please include an active email address as future dues renewal notices will be sent via email.

OFFICE PHONE: _____

HOME PHONE: _____

MOBILE: _____

YEARS HOMICIDE EXPERIENCE: _____

VHIA NEWSLETTER EMAIL LIST: YES NO

MEMBERSHIP CATEGORY (CIRCLE): ACTIVE/ASSOCIATE (\$25/Year)

Please mail this form to the VHIA, P.O. Box 355, Garrisonville, VA 22463 along with your membership dues. Indicate payment method.

Check. Payable to VHIA.

Credit Card.

Name on Card: _____

Type of Card (Circle): MasterCard/Visa

Card #: _____

Expiration Date: _____ CVN: _____