



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 at 10042 Studley Farms Dr., Mechanicsville, VA 23116 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: _____