

Missouri State Investigators Association

Connecting Professionals

MSIA MEMBERSHIP APPLICATION

The Missouri State Investigators Association was organized to promote the free exchange of inter-agency information necessary to effectively carry out the work of association members; provide continuing educational opportunities for government personnel engaged in investigative work and enhance the status of governmental investigative work as a profession. The organization is organized exclusively for educational, fraternal and professional purposes

Membership status is determined by the Membership Committee upon approval of the Membership Application. Membership shall be made available without regard to race, sex, color, creed, or national origin and to any qualified applicant who subscribes to the purposes of the organization. Membership dues are paid annually and fees are determined by membership status. The fiscal year runs from July 1st through June 30th.

Regular Membership shall be granted to individuals who are government employees working in the State of Missouri (including police officers, federal agents, etc.) in investigative/investigative support capacities. Current annual dues are \$50.00.

Associate Membership is granted to individuals who meet the same criteria as regular members except they may not be employed by a government agency. Associate members cannot vote or hold office. Dues are \$20.00.

NAME: _____

DEPARTMENT: _____

DIVISION: _____

AGENCY: _____

JOB TITLE: _____ DATE OF EMPLOYMENT: _____

MAILING ADDRESS: _____

DOB: _____ PHONE: (work) _____ (home) _____

PREFERRED MAILING ADDRESS (MSIA prefers to do most correspondence via e-mail due to mailing costs):

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

DESCRIBE YOUR AGENCY'S FUNCTIONS AND HOW YOUR JOB DUTIES RELATE TO THE INVESTIGATIVE FUNCTIONS OF YOUR AGENCY:

I hereby certify that the statements I have made on this application are true and complete to the best of my knowledge and I agree to be bound by the rules of the Missouri State Investigators Association.

SIGNATURE OF APPLICANT: _____ DATE: _____