



*2019 Annual Training Conference  
Old Kinderhook, Camdenton, MO  
May 21, 22, 23 & 24*

[www.mosia.com](http://www.mosia.com)

**Conference Information:** The MSIA fee includes annual dues, continental breakfast, two lunches and one dinner. Each class offered will provide the attendee POST OR Continuing Education Credit. PI Continuing Education Credit has been submitted for approval to the Division of Professional Registration. To receive credit, the attendee must attend 100% of the class. All questions regarding the training curriculum should be addressed to Denetta Amor at [damor@higginville.org](mailto:damor@higginville.org) or Larry Fish at [lfish@clintoncosheriff.org](mailto:lfish@clintoncosheriff.org)

**Who should attend?** State Investigators, Law Enforcement Officers, Private Investigators, Security and Loss Prevention Managers, including administrative personnel assigned to those investigative/regulatory agencies.

**Dress:** Conference attire is casual. Remember to include appropriate clothing for after-hour activities (pool, hot-tub, dancing, golf, etc). If you are required to carry a weapon, please conceal it if possible.

**Hotel Information:** Old Kinderhook Directions: From Jefferson City, take Highway 54 west to Camdenton; take a right onto Old Fifty Four Rd; take a right onto Old Kinderhook Dr. The hotel address is 678 Old Kinderhook Drive, Camdenton, MO 65020. Call 888-346-4949 for reservations and **ask for the MSIA rate.**  
**The room rate is \$69.00 per night.**

[www.oldkinderhook.com](http://www.oldkinderhook.com)

**Networking and Socials:** In addition to the excellent training sessions, the conference provides opportunities to network with your peers from other agencies and make contacts that can be beneficial to carrying out your normal job duties. Some of the networking opportunities include golf, boating, swimming, dining, a BBQ and an evening hospitality suite. Bring your business cards to share.

**Cancellation Policy:** Registrations that are not cancelled by May 17, 2019, will be liable for the entire registration fee.





# MSIA MEMBERSHIP APPLICATION

- Please TYPE or PRINT ALL information -

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 1<sup>st</sup> through June 30<sup>th</sup>.

Regular Membership shall be granted to individuals who are non-commissioned State investigators, State investigative support personnel, law enforcement officers, private investigators, security and loss prevention managers. Dues are \$50.00.

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: \_\_\_\_\_

FACEBOOK ACCT. 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: \_\_\_\_\_