



East Coast Gang Investigators Association, Inc

MEMBERSHIP APPLICATION

PO Box 715
Jackson, N.J. 08527
Fed ID # 52-2098813
www.ECGIA.org
E-mail: membership@ecgia.org



Application fee is \$25.00 for a one year membership.

Mail completed application form, photocopy of Law Enforcement ID, and payment to:
ECGIA Inc., P.O. Box 715, Jackson, N.J. 08527

ECGIA Yearly Membership Includes:

- ECGIA Membership Card and Patch.
- Access to secure internet based: MEMBERS ONLY WEBSITE

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Photocopy of Law Enforcement Identification must be provided for both new members and/or renewals.

Please Check All That Apply:

Date: New Member Renewal Active LE Retired LE

Name: Rank:

Mailing Address:

City: State: ZIP Code:

Contact Phone: E-Mail:

(Must be included for access to the ECGIA online group)

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Agency:

Agency Address:

City: State: ZIP Code:

Have you testified or provided subject matter expertise as an expert witness?:

If so, Where?: Last Testimony Date:

What was the subject matter?:

Have you instructed and/or presented at a seminar?:

If so, Where?: Last Instruction Date:

What was the subject matter?:

New ECGIA members require sponsorship. Please list your supervisors name and contact or the name of the active ECGIA member that sponsored you.

Supervisor ECGIA Member Name/Contact:

By submission of this application for membership in the East Coast Gang Investigators Association, I accept and agree to abide by the objectives and provisions enumerated in the By-Laws of the Association.

Signature _____

Payment MUST be accompanied by proof of Law Enforcement employment.

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Payment Method: Check/Money Order Credit Card
(Made payable to ECGIA) (Visa, Mastercard, and Amex)

Credit Card Type: Number:

Expiration Date: Code On Back:

Name As It Appears On Card:

Billing Address:

City: State: ZIP Code:

Office Use Only:

Paid Card Cash Online Package/ID Done