



2010 Membership Dues Invoice

Membership year is January 1 through December 31.

Please Print Clearly – Membership information will appear in directory as shown below.

Agency Information

Agency: _____ Agency Main Phone: _____
 Address: _____ Agency Main Fax: _____
 City: _____ County: _____
 State: _____ Zip: _____ Population: _____

Dues Structure

The IACP dues structure is based on the number of sworn officers. Each agency is entitled to two memberships.

Number of Sworn Officers	Includes 2 Memberships	For Each Additional Command Member	For Each Additional Administrative Member
1 – 10	\$191	\$170	\$85
11 – 25	\$233	\$170	\$85
26 – 75	\$280	\$170	\$85
>75	\$407	\$170	\$85
Law Enforcement Training Academy	\$300	\$162	NA
Proprietary Security	\$371	\$202	NA
Retired	\$20 per person	\$0	\$0
Life	\$0	\$0	\$0

Please verify the information below, making changes where appropriate.

Command Administrative
 Rank: _____ First Name: _____ Last Name: _____
 Direct Phone: _____ Direct Fax: _____ E-mail: _____

Command Administrative
 Rank: _____ First Name: _____ Last Name: _____
 Direct Phone: _____ Direct Fax: _____ E-mail: _____

Command: *Chief, Marshal, Sheriff, Director, Assistant Chief, Deputy Chief, Major*
Administrative: *All other ranks*

Number of Sworn Officers: _____

Payment

Payment Type: Check Visa MasterCard Payment Amount: _____
 Account No. _____ Exp. Date: _____
 Signature: _____

Please enclose a copy of this invoice with your payment.



Add New Member(s)

If the individual listed below is the second member for your agency's two memberships, please check the appropriate membership category:

Command (no additional charge) Administrative (no additional charge)

Rank: _____ First Name: _____ Last Name: _____

Direct Phone: _____ Direct Fax: _____ E-mail: _____

Please check the appropriate Membership Category for the member(s) listed below and adjust your membership dues:

Additional Command (\$170 for each additional Command member)
 Additional Administrative (\$85 for each additional Administrative member)

Rank: _____ First Name: _____ Last Name: _____

Direct Phone: _____ Direct Fax: _____ E-mail: _____

Command: *Chief, Marshal, Sheriff, Director, Assistant Chief, Deputy Chief, Major*
Administrative: *All other ranks*

Please note:

1. Membership year is from January 1 to December 31.
 2. Pursuant to the Revenue Act of 1987, we are required to advise you that your dues payments remain deductible as business expenses to the same extent as permitted under prior law. Your Association dues, however, are not deductible as charitable contributions for Federal Income Tax purposes.
 3. Tax I.D. # 23-7326896.
- The National Police Officer Selection tests (POST) are quality written exams for new hires developed by Stanard & Associates, Inc. and offered by the IACP Foundation. National First & Second Line Supervisor Tests are also available. Call 317.816.1619 for more information.
 - For all your medical and fitness testing needs, Public Safety Medical Services has been endorsed by the IACP Foundation. They can be reached at 877.972.1180.

THANK YOU FOR YOUR SUPPORT OF THE IACP!

VISIT US AT WWW.IACOP.ORG

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