



# 2021 Membership Dues Invoice

Membership year is January 1 through December 31.

Membership information will appear in online 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	\$235	\$205	\$115
11 – 25	\$275	\$205	\$115
26 – 75	\$350	\$205	\$115
>75	\$460	\$205	\$115
Town Marshal < 4 Sworn Officers	\$145 - <i>Includes one membership only</i>	NA	NA
Law Enforcement Training Academy	\$345	\$200	NA
Proprietary Security	\$460	\$240	NA
Retired	\$30 per person	NA	NA
Life	\$0	NA	NA

Please verify the information below, making changes where appropriate.

Command Rank: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Administrative Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Command Rank: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Administrative Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Command:** *Chief, Marshal, Sheriff, Director, Assistant Chief, Deputy Chief, Major*

**Administration:** *All other ranks*

**Number of Sworn Officers:** \_\_\_\_\_

## Payment

Payment Type:  Check  Credit Card  Payment Amount \_\_\_\_\_

For credit card payments, please call the office or renew online at [www.iacop.org](http://www.iacop.org)

Please enclose a copy of this invoice with your payment.

Indiana Association of Chiefs of Police, Inc. • PO Box 30558 • Indianapolis, IN 46230  
Phone: 317.816.1619 • E-mail: [office@iacop.org](mailto:office@iacop.org) • Tax I.D. # 23-7326896



## Add New or Additional 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 accordingly:

Additional Command (additional charge)       Additional Administrative (additional charge)

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 and Detective/Investigator and Dispatcher Selection Tests are also available. Call 317.816.1619 for more information.
  - For all your medical and fitness testing needs, Ascension Public Safety Medical has been endorsed by the IACP Foundation. They can be reached at 317.972.1180.

# Join Today!

**THANK YOU FOR YOUR SUPPORT OF THE IACP!**

**VISIT US AT [WWW.IACOP.ORG](http://WWW.IACOP.ORG)**

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