



**P.O. Box 6040
Des Moines, IA 50309**

2010 Conference Registration/ Membership Renewal form

Name: _____

Title: _____

Department/Agency: [Not Task Force]: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Supervisor's Name/Rank: _____

Supervisor's Telephone: _____

Active Membership: A full-time sworn peace officer employed by any federal, state, county, or municipal agency. Prosecutors employed by the United States, state of Iowa, or any county or municipality within the state of Iowa. Criminalists, crime scene technicians, lab technicians, and criminal / intelligence analysts employed by a governmental agency or the armed forces of the United States, and others in associated career fields. Active members who are not sworn peace officers may not qualify for certain training as per rules of DEA and other agencies providing training.

Associate Membership: Associate members shall be those who have an interest in the goals and objectives of this organization and / or possess a particular expertise which will enhance the mission of the Association. Associate members may not vote on any issue and they may not hold elective or appointive office within the Association. Associate members may not qualify for certain training as per rules of DEA and other agencies providing training.

Memberships are good from January 1st through December 31st of each year. Memberships received before October 1st will expire on December 31st of the same year. Memberships received after October 1st will continue through the following year.

Annual Membership dues are \$25.00, payable at time of application. MEMBERSHIP is required for attendance at the Annual Conference. For NEW members/attendees: Please submit a current photograph (JPEG format) to llewis@dps.state.ia.us to expedite the registration/application process.

MARK ALL THAT APPLY

_____	Membership only (Please indicate: ACTIVE or ASSOCIATE)	\$25.00
_____	Conference Registration (Does <u>NOT</u> include \$25 Membership fee)	\$125.00 before 3/15/10
_____	Late Registration (Does <u>NOT</u> include \$25 Membership fee)	\$150.00 after 3/15/10
_____	Total enclosed	

No refunds made after March 15, 2010

Return completed registration and payment to:

Iowa Narcotics Officers Association
PO Box 6040
Des Moines, IA 50309

Office Use Only

Date Received: _____ TF/ PC / County / City / Cash

Date Reviewed by Board: _____

Approved / Denied

Region: _____