



APPLICATION FOR MEMBERSHIP

NEW

RENEWAL

Name: _____ Date: _____

Department/Agency (Not T/F): _____ Title/Rank: _____

Work Address: _____

City, State, Zip: _____

Office Phone #: _____ Cell Number: _____

Email Address at which you'd like to receive INOA messages: _____

Supervisor's Name/Rank: _____

Supervisor's Telephone #: _____

Active Membership

Associate Membership

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.

**NEW APPLICANTS MUST
INCLUDE A PHOTOCOPY OF
THEIR AGENCY I.D. ALONG
WITH THE MEMBERSHIP
APPLICATION**

**ANNUAL MEMBERSHIP DUES
ARE \$25.00, PAYABLE AT
TIME OF APPLICATION**

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

**Return completed application and payment to:
Iowa Narcotics Officers' Association
c/o DNE, 215 E. 7th Street, Des Moines, IA 50319**

Office Use Only

Date Rec'd: _____

Reviewed by Board: _____

Approved/Denied

Region: _____