



Illinois Drug Enforcement Officers Association

MEMBERSHIP APPLICATION

New Renewal

— PRINT THIS PAGE ...THEN PRINT OR TYPE —

First Name	M.I.	Last Name	Rank/Title
Agency	Assignment		
Agency Address	City	State	Zip Code
Home Mailing Address	City	State	Zip Code
Agency Phone	Agency Fax	Home Phone	Date of Birth
Years of Service	SSN	Name of Supervisor <i>(to verify assignment)</i>	
Advanced Drug Enforcement Training <i>(date & location)</i>			

Areas of Specialty

Applications received after October 1st will be good for the following calendar year.

I affirm the above listed information is true and accurate. Further, I authorize the Illinois Drug Enforcement Officers Association to contact my supervisor to verify my assignment.

Signature

Date

Your approved application and \$25.00 fee entitles you to a one year membership in IDEOA.

Please return completed application along

with your \$25.00 check or money order

(made payable to IDEOA) to:

IDEOA

P.O. Box 1083

Plainfield, Illinois 60544

If you have questions or require additional information, please contact the IDEOA office at

Toll Free: 877-241-7703

- FOR IDEOA OFFICE USE ONLY-

MO/CC _____

VCK _____

PCK _____
