Illinois Drug Enforcement Officers Association

P.O. Box 1083, Plainfield, IL 60544
(815) 577-7963 Tx & Fax
www.ideoa.org -- ideoamail@gmail.com

Membership Application

Please check one: __ New __ Renewal

Name	Rank

Department of Employment	MEG/Task Force (if applicable)
Department Address	**Task Force Address**
City, State, Zip	**City, State, Zip**

Dept. Phone	Unit/Task Force Phone	E-Mail Address

Preferred Mailing Address: ____ Department ____ Unit/Task Force ____Other (If Other, please provide below)

Are you a drug topics trainer? Topic(s) of Instruction

Signature Date

MEMBERSHIP FEE (One Year) $25.00

Please return completed application along with a $25.00 check or money order [made payable to IDEOA] to:

IDEOA
P.O. Box 1083
Plainfield, IL 60544

IDEOA Tax I. D. No.: 36-3838712

-- For IDEOA Office Use Only --

Amount: _____

Ck/Pck/MO: _____

Date: _____

Payee: _____