

International Narcotic Enforcement Officers Association, Inc.
 112 State Street, Suite 1200 – Albany, NY 12207-2023 USA (518) 463-6232

Application for Membership (please type or print; mail completed application and payment to above address)

I am applying for the following Membership Class, and give INEOA permission to verify the information provided: <input type="checkbox"/> "Active" - I am currently a Government law enforcement official. <input type="checkbox"/> "Regular" - I am currently a Government official, non-law enforcement. <input type="checkbox"/> "Associate" - I am engaged in employment related to narcotic enforcement, education, or training.			Application Date
Last Name		First Name	Middle Initial
Title/Rank/Position		Email address	
Agency/Business Name		Agency Head – Name and Title	
Agency/Business Address	Number and Street		Telephone
	City	State/Province/Country	Zip/postal code
Residence Address	Number and Street		Telephone
	City	State/Province/Country	Zip/postal code

Send Mail To: Agency/Business Residence ***Applicants must be sponsored by an *Active* member of INEOA***

Law Enforcement Experience (with approximate dates)	
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Education/Training	
Date of Birth	Date Appointed to Present Position
Applicant Print Name Clearly then provide Signature	*Sponsor* Print Name and INEOA Member ID # then provide Signature

Membership Dues \$40 (U.S. dollars only)

purchase order enclosed personal check/money order enclosed agency check enclosed

Charge to: MasterCard VISA American Express

Cardholder's Name: _____ Card #: _____ Exp. Date: _____

Cardholder's Billing Address: _____

Signature: _____

All Members Are Entitled To:

- Membership Card
- Lapel Pin
- Eligible for Participation in the Annual Conference
- Membership Certificate
- Publications & Membership Directory