



INTERNATIONAL LAW ENFORCEMENT AUDITORS ASSOCIATION

MEMBERSHIP APPLICATION/RENEWAL FORM

TYPE OF MEMBERSHIP: NEW MEMBER RENEWAL _____ (YEAR)

Please type or Print

Last Name, First Name, Middle Name

Name: _____ ILEAA No.: _____

Title: _____ Name of Employer: _____

Mailing Address: _____

City: _____

State or Province: _____ Zip or Postal Code: _____ Country: _____

Business Phone No.: _____ Other Phone No: _____

Business Email: _____ Other Email: _____

MEMBERSHIP CATEGORY

(Dues are annually renewable one year from the date membership was granted)

Agency Membership

2 to 4 Members \$ 200

5 to 8 Members \$ 400

9 or more Members \$ 600

Individual Membership

Professional (Full) \$ 100

Academia \$ 95

Retired \$ 75

Student \$ 50

Signature: _____ Date: _____

PAYMENT INFORMATION:

Dues may be paid through Pay Pal on the ILEAA website or by check in United States currency. Please make checks payable to "ILEAA." **NO REFUNDS FOR ANY REASON.**

MAIL APPLICATION/RENEWAL TO:

International Law Enforcement Auditors Association
106 ½ Judge John Aiso Street
PMB 748
Los Angeles, CA 90012

QUESTIONS OR INQUIRIES:

If you have any questions or inquiries regarding the completion of this application of the association, please email us at membership@ILEAA.org

OFFICE USE ONLY: Date membership granted or renewed: _____ Date added to member list: _____