



2017 Membership Dues Invoice

Membership year is January 1 through December 31.

Membership information will appear in online directory as shown below.

Agency Information

Agency: _____ Agency Main Phone: _____
 Address: _____ Agency Main Fax: _____
 City: _____ County: _____
 State: _____ Zip: _____ Population: _____

Dues Structure

The IACP dues structure is based on the number of sworn officers. Each agency is entitled to two memberships.

Number of Sworn Officers	Includes 2 Memberships	For Each Additional Command Member	For Each Additional Administrative Member
1 – 10	\$225	\$195	\$105
11 – 25	\$265	\$195	\$105
26 – 75	\$340	\$195	\$105
>75	\$450	\$195	\$105
Town Marshal < 4 Sworn Officers	\$135 - <i>Includes one membership only</i>	NA	NA
Law Enforcement Training Academy	\$335	\$190	NA
Proprietary Security	\$450	\$230	NA
Retired	\$25 per person	NA	NA
Life	\$0	NA	NA

Please verify the information below, making changes where appropriate.

Command Rank: _____ First Name: _____ Last Name: _____
 Administrative Direct Phone: _____ Email: _____
 Command Rank: _____ First Name: _____ Last Name: _____
 Administrative Direct Phone: _____ Email: _____

Command: Chief, Marshal, Sheriff, Director, Assistant Chief, Deputy Chief, Major

Administration: All other ranks

Number of Sworn Officers: _____

Payment

Payment Type: Check Visa MasterCard Payment Amount _____

Account No. _____ Exp. Date: _____

Billing Address (if different than agency address): _____

Signature: _____

Please enclose a copy of this invoice with your payment.

Indiana Association of Chiefs of Police, Inc. • 11495 North Pennsylvania St., Suite 103 • Carmel, IN 46032
Phone: 317.816.1619 • Fax: 317.816.1633 • E-mail: info@iacop.org • Tax I.D. # 23-7326896

- OVER -



Add New or Additional Member(s)

If the individual listed below is the second member for your agency's two memberships, please check the appropriate membership category:

Command (no additional charge) Administrative (no additional charge)

Rank: _____ First Name: _____ Last Name: _____

Direct Phone: _____ Direct Fax: _____ E-mail: _____

Please check the appropriate membership category for the member(s) listed below and adjust your membership dues accordingly:

Additional Command (additional charge) Additional Administrative (additional charge)

Rank: _____ First Name: _____ Last Name: _____

Direct Phone: _____ Direct Fax: _____ E-mail: _____

Command: *Chief, Marshal, Sheriff, Director, Assistant Chief, Deputy Chief, Major*

Administrative: *All other ranks*

Please note:

1. Membership year is from January 1 to December 31.
 2. Pursuant to the Revenue Act of 1987, we are required to advise you that your dues payments remain deductible as business expenses to the same extent as permitted under prior law. Your Association dues, however, are not deductible as charitable contributions for Federal Income Tax purposes.
 3. Tax I.D. # 23-7326896.
- The National Police Officer Selection tests (POST) are quality written exams for new hires developed by Stanard & Associates, Inc. and offered by the IACP Foundation. National First & Second Line Supervisor and Detective/Investigator and Dispatcher Selection Tests are also available. Call 317.816.1619 for more information.
 - For all your medical and fitness testing needs, Public Safety Medical Services has been endorsed by the IACP Foundation. They can be reached at 877.972.1180.

THANK YOU FOR YOUR SUPPORT OF THE IACP!

VISIT US AT WWW.IACOP.ORG

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