



Colorado Auto Theft Investigators
 P.O. Box 281061
 Lakewood, Colorado 80228-1061

Dues are \$20.00 per year

New Member

Renewal

APPLICATION FOR MEMBERSHIP

Name: _____ Rank: _____
Last First MI

Agency: _____

Agency Address: _____
Street/ PO Box City State Zip

Agency Phone: _____ Agency Fax: _____

E-Mail Address: _____ Cell: _____

Mailing Address: Agency Address Home Address Other (list below)

Different Mailing Address: _____
Street / PO Box City State Zip

I hereby apply for membership in the Colorado Auto Theft Investigators and I agree to abide by the rules set out in the by-laws and the constitution of the Colorado Auto theft Investigators.

Signature of applicant: _____ Date: _____

I am personally acquainted with the above named applicant or have made sufficient inquiries into this applicant's background to believe that the applicant is qualified for membership in the Colorado Auto Theft Investigators.

Recommending Member: _____
Date: _____
Agency: _____

OFFICE USE ONLY

Payment Received by Treasurer \$ _____ on _____

Approved by Membership meeting of _____

Membership letter sent via E-mail Entered onto Roster Member number _____