



Application for Membership and Membership Renewal

Illinois Chapter of IASIU

Illinois Chapter of the International Association of Special Investigations Units

Post Office Box 47207 • Chicago, Il 60647 Website: www.iliasiu.com

Check here if this is a renewal and please complete this application. Has your membership information changed?

APPLICANT INFORMATION

NAME:

TITLE:

COMPANY/AGENCY:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

FAX:

EMAIL:

SUPERVISOR NAME:

SUPERVISOR PHONE:

INTERNATION IASIU MEMBER NO: (if applicable)

Your address and membership information will be published in the IASIU Illinois Chapter Directory, published annually and used for IASIU IL Chapter membership correspondence and mailings exclusively. This information will not be distributed for any other purpose or to any external organization. Regular chapter members must also be members of the International Association.

I am employed by one of the following employers which qualifies me for membership with IASIU - Il. Chapter:

Insurance Carrier

National Insurance Crime Bureau*

Self Insured Corp

State Insurance Fraud/Crime Bureau

Law Enforcement*

Government Agency

(Local, State or Federal)

**International Membership not required*

I hereby apply for membership in the International Association of Special Investigative Units Illinois Chapter in accordance with its Constitution and Bylaws and agree to be bound therewith. All of the information contained in this application is warranted by me to be true. I understand this application is subject to acceptance by the Board of Directors of the Illinois Chapter and further that if my employment duties change so as to fall outside the requirements of membership, my membership in the organization shall terminate. I also understand that with the exception of Law Enforcement personnel, I am required to be a member in good standing with the international organization of IASIU.

DATE: _____

APPLICANT SIGNATURE: _____