



# Mid-Atlantic Regional Gang Investigators Network

PO Box 10009, Rockville, Maryland 20849

**\*\*Return completed application, payment and copy of your law enforcement identification to the address listed above\*\***

### Applicant Information (PLEASE TYPE OR PRINT CLEARLY)

Name (Last, First, Middle Initial):		Title/Rank:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Preferred Mailing Address:		<input type="checkbox"/> Home <input type="checkbox"/> Work	
Mailing Address:		Preferred Contact Number:	
		(   )   -	
City, State, Zip:		Alternate Contact Number:	
		(   )   -	
Agency E-Mail Address:			
Agency Name (please do not abbreviate):			
Unit Assigned:			
Agency Class:		<input type="checkbox"/> Local (City/County) <input type="checkbox"/> State <input type="checkbox"/> Federal	
Agency Type:		<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Corrections <input type="checkbox"/> Criminal Justice Professional	

Membership/Payment Information:	
Membership Type:	
<input type="checkbox"/> Check for Renewal <input type="checkbox"/> One Year Membership \$20.00 <input type="checkbox"/> Three Year Membership \$50.00 (save \$10.00)	
Payment Type:	
<input type="checkbox"/> Check (Payable to MARGIN) <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> PayPal (website only)	

MARGIN Use Only			
Payment Received:		Entered In Database:	
/   /		/   /	
Payment Type:		Membership Card Sent:	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash		/   /	
		Member Number:	