



Connecticut Gang Investigators Association Membership Application

William Naholnik Director	Don Parker Deputy Director	Tanjorie Godwin Secretary	Christy Semmelrock Membership/Treasure	Tom Cirillo Training	Tom Williamson Sgt. At Arms /Historian
Bart Ramos N/E Liaison	Kelvin Kearse N/W Liaison	Jeff DeClerke S/E Liaison	Scott Sikora S/W Liaison		

All application information is kept strictly confidential and will be used solely for membership identification and security purposes. The CTGIA is a non-profit organization dedicated to the prevention and suppression of gangs and gang activity in Connecticut. By completing and submitting this application, the applicant agrees to adhere to the CTGIA by-laws. Applicant attests that she/he is at least 18 years of age as of this date, and an Active or Retired Law Enforcement Official. The CTGIA Executive Board reserves the right to refuse membership to anyone and/or to suspend any member for violating the CTGIA rules and by-laws. The completed application may be mailed to: **CTGIA - P.O. Box #290315 – Wethersfield, CT. 06129** or E-mailed to membership@ctgia.org (Tax ID # 06-1412322)

Applicant Information (Please Print Clearly or Type in Information)

Last Name:	First Name:	Middle Initial:

Employing Agency Information

Agency Name:	Title / Rank:
Agency Address:	Agency Phone Number:
	Applicant Work Phone Number:
	Ext.:
	Agency Fax Number:
Supervisors Name, Title and Contact Number:	
	Ext.:
Mailing Address:	Date of Birth:
	Contact Phone Number:
	Cell Phone Number:
Work E-Mail Address:	Contact E-Mail Address:

Membership Information

Please Check the following applicable boxes					\$30.00 Returned Check Fee		
Active LEO: <input type="checkbox"/>	Retired LEO: <input type="checkbox"/>	Membership Fee:					
New Member: <input type="checkbox"/>	Renewal: <input type="checkbox"/>	Individual 1yr (\$25): <input type="checkbox"/>	Individual 5yr (\$100): <input type="checkbox"/>	Individual Lifetime (\$400): <input type="checkbox"/>			
Cash: <input type="checkbox"/>	Check: <input type="checkbox"/>	Money Order: <input type="checkbox"/>	Voucher: <input type="checkbox"/>	Pay Pal: <input type="checkbox"/>	Other: <input type="checkbox"/>	Agency 1yr (\$100): <input type="checkbox"/>	Agency 5yr (\$400): <input type="checkbox"/>

Signature Required: (Void if sending by E-mail)

Name:	Date:

CTGIA Staff Use Only:

Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Employment Confirmed: <input type="checkbox"/>	Membership Number:	Received Appl. on: / /
Membership Type:	Payment Rec'd: / /	Check #:	Deposited on: / /	
Membership Renewal Date: / /	Membership Paperwork Sent: / /	Membership ID Sent: / /		