



# New Jersey Gang Investigators Association



## LAW ENFORCEMENT MEMBERSHIP APPLICATION FORM

ROSENDO PEREZ  
President

KEITH STOPKO  
Vice President

FRANK APISA  
Treasurer

EDWIN SANTANA  
Secretary

CARLOS DIAZ  
Sgt. at Arms

All applicant information is kept strictly confidential and will be used solely for membership identification and security purposes. The NJGIA is a non-profit organization dedicated to the prevention and suppression of gangs and gang activity in New Jersey. By completing and submitting this application, the applicant agrees to adhere to the NJGIA By-Laws. Applicant attests that he/she is at least 18 years of age as of this date, and a Sworn Law Enforcement Official. The NJGIA Executive Board reserves the right to refuse membership to anyone and/or to suspend any member for violating the NJGIA rules and By-Laws. Retired and Honorary Memberships will have to be voted on by the Executive Board, additional information may be required. Completed applications may be submitted via e-mail to [njgiamanagers@gmail.com](mailto:njgiamanagers@gmail.com) or mailed to the address on the bottom of this page. For additional information regarding the NJGIA, please visit the web-site at [www.njgia.org](http://www.njgia.org) or contact the NJGIA Regional Representative for your area. (Tax ID#: 510-553-517/000)

**\$20.00 (1) One Year Membership Dues / \$50.00 (3) Three Years Membership Dues**

**\*\*\* All applicants are required to attach a photocopy of their Law Enforcement identification for security verification. \*\*\*  
Return completed application, Law Enforcement ID and payment to the address listed at the bottom of this form.**

Applicant Information (PLEASE PRINT CLEARLY or TYPE IN INFORMATION)			
Name: (Last, First, MI):			
Home Mailing Address:		Date of Birth:	
		Home Phone Number:	
		Cellular Phone Number:	
E-mail Address:		Pager Number:	
<i>(Must provide for access to members only secure message board forum)</i>			
@			
Applicant 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.:	
Additional Applicant Information			
Please check all that apply:		Check how you're paying the \$20.00 or \$50.00 yearly membership fee?	
Active LEO:	Retired LEO:	<i>\$30.00 returned check fee</i>	
New Member:	Renewal:	Cash:	Check: Money Order: Voucher: Pay Pal: Other:
Signature Required: (Void if submitting via e-mail.)			
Name:		Date: / /	
NJGIA USE ONLY			
Approved:	Denied:	ID Confirmed:	Received on: / /
Payment received on: / /		Check number:	Entered in database on: / /
Membership PKG Sent: / /		Deposited on: / /	
Membership Number:		Invite sent on: / /	
Additional Information:			