



New Jersey Gang Investigators Association



ROSENDO PEREZ
President

KEITH STOPKO
Vice President

FRANK APISA
Treasurer

EDWIN SANTANA
Secretary

CARLOS DIAZ
Sgt. at Arms

PROFESSIONAL MEMBERSHIP APPLICATION FORM

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. 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. All membership requests will be voted on by the Executive Board, additional information may be required. Completed applications may be submitted via e-mail to njgiamanagers@gmail.com. For additional information regarding the NJGIA, please visit the web-site at www.njgia.edu or contact the NJGIA Regional Representative for your area.

***** All applicants are required to attach a photocopy of their identification for security verification and/or departmental letterhead requesting membership. *****

***** Return completed application, ID, and \$20.00 or \$50.00 membership fee 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:	
(Must provide for access to members only secure message board forum)			
@			
Applicant Employment Information			
Employer/Company Name:		Title/Duties:	
Employment Address:		Work Phone Number:	
		Applicant Work Phone Number:	
		Ext.:	
		Work Fax Number:	
Supervisors Name, Title, and Contact Number:		Supervisors Phone Number:	
		Ext.:	
Additional Applicant Information			
Please check all that apply:		Check how you're paying the \$20. One year or \$50. Three year membership fee?	
Educational staff:	Medical staff:	\$30.00 returned check fee	
Other (Please Specify):		Cash:	Check: Money Order: Voucher: Pay Pal: Other:
Signature Required: (Type in if submitting via e-mail.)			
Name:		Date: / /	
NJGIA USE ONLY			
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	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:			

