**MEMBERSHIP APPLICATION**

Annual Membership Dues: $25.00 INDIVIDUAL | $125.00 AGENCY (includes 1 member of agency’s choice)

***All memberships end December 31 of each year***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | | | |  | Date: |  |
|  | | | | | | | | | |
| Street Address | | | | | | | | | |
|  | | |  |  | |  | |  | |
| City | | |  | State | |  | | Zip | |
|  | | | | | | | | | |
| **AGENCY MEMBERSHIP $125 – provide information related to one member selected** | | | | | | | | | |
| New Agency  Renewal | | | | | | | | | |
| Name: |  | | Title: | |  | | | | |
| Email: |  | | Phone: | |  | | | | |
| Death & Injury Beneficiary Name and Phone #: | |  | | | | | | | |

**INDIVIDUAL MEMBERSHIP(s) $25 each – complete page 2 if additional memberships needed**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 2) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 3) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 4) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 5) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 6) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 7) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |

**PAYMENT INFORMATION**

Payable to: IPLEA

Mail to: Sgt Arzania Williams

Naperville Park District Police

427 Martin Av

Naperville, IL 60540

|  |  |  |
| --- | --- | --- |
| $ |  | Agency Membership |
| $ |  | Individual Membership(s) |
| $ |  | **Total Enclosed** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 8) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 9) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 10) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 11) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 12) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 13) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 14) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 15) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 16) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 17) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 18) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 19) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |
| 20) | Name: |  | |  | Title: |  |
|  | Email: |  | |  | Phone: |  |
|  | Death & Injury Beneficiary Name and Phone #: | |  | | | |