



# Membership Application

Officer  Educator  New Member  Renewal

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
Department City, County, State Zip

\_\_\_\_\_  
Personal Address (OPTIONAL)

\_\_\_\_\_  
Personal City, County, State, Zip

**IDOA will NOT release your personal information to anyone outside of the Executive Board**

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Alternate Phone Number

RETURN TO:

**IDOA Secretary  
Kim Giugler  
C/O Shorewood Police Department  
903 W. Jefferson Street  
Shorewood, IL 60404  
[Giugler@idoa.org](mailto:Giugler@idoa.org)  
(815) 725-1460 x 702**