CDAIA MEMBERSHIP APPLICATION

Membership Type: ○ RENEWAL
(Mark One) ○ NEW

Name:_____
(LAST) (First)

Rank: _____

Agency: _____

Address: _____

_____

Phone: _____

Please mail this completed form and a check for $30 to:

Treasurer, CDAIA
P.O. Box 1242
San Bernardino, CA 92402