



**ASIAN GANG INVESTIGATOR'S
ASSOCIATION OF CALIFORNIA**
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MEMBERSHIP APPLICATION

NAME: _____

AGENCY: _____

WORK ADDRESS: _____

TELEPHONE: _____

WORK

CELL

FAX

RANK: _____

ASSIGNMENT: _____

EMAIL ADDRESS: _____

MEMBERSHIP FEE: \$ 35.00 MAKE CHECK PAYABLE TO: AGIAC

**MAIL: AGIAC
 P.O BOX 4241
 WEST COVINA, CA. 91791-0241**

NOTE: DUES ARE FOR MEMBERSHIP FROM JAN-DEC 2011

DUES RECEIVED: _____

DATE: _____