



FATI U Membership Application

(Please Print or Type)

Renewal _____ New application _____ (Please check one)

Name _____ Title or Rank _____

Agency/Company: _____

Mail is to be sent to:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ FAX Number: (_____) _____

Email Address _____

I hereby apply for ACTIVE _____ / AFFILIATE _____ membership in the Florida Auto Theft Intelligence Unit and I agree to abide by the rules and regulations of the organization according to the Constitution and its By-Laws.

Date: ____/____/____ Applicant's Signature: _____

I am personally acquainted with the above applicant, or have personal knowledge of his/her background. I believe he/she is qualified to be a member of F.A.T.I.U. as defined under Article II of the Constitution and By-laws of the Unit and accordingly do hereby recommend him/her for membership as indicated. Active _____ Affiliate _____

Sponsor's Signature: _____ Date: ____/____/____

Sponsor's name: _____

Agency/Company: _____

Office Phone Number: (_____) _____

MEMBERSHIP FEES:

New members: \$25.00

Renewals: \$20.00

Membership fees are based on the calendar year. Note: Payment of several years' dues in advance is welcome.

Please send your dues check along with your printed application. **Mail application and fee to:**

**Florida Auto Theft Intelligence Unit
C/O Sheri Taynor
PO Box 6167
Deltona, FL 32728**