

# FATIU 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: (\_\_\_\_\_) \_\_\_\_\_

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 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 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 352941**

**Palm Coast, FL 32135**