



MEMBERSHIP APPLICATION

This form must be submitted for new memberships and renewals!

NAME: _____ JOB TITLE: _____

AGENCY: _____ E-MAIL: _____

SUPERVISOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Disclosure of member's information:

The information I have provided on this form can be distributed to other MARCAN members. Yes / No
The information I have provided on this form can be displayed on the MARCAN website. Yes / No

Signature: _____

Law Enforcement Only:

As a condition of membership in MARCAN, I agree that any Law Enforcement Sensitive information that I am exposed to, regardless of format or medium, shall be disclosed by me only as necessary to members of other law enforcement agencies. *I have read the MARCAN by-laws (on website) and agree to abide by them.*

Signature: _____

REQUIRED SUPPORTING DOCUMENTATION AND DUES

- Copy of employee photo ID (*NEW members only*)
- Letter from law enforcement agency verifying employment (*NEW members only*)
- Membership fees in the form of a check payable to MARCAN:
 - New membership - \$35 ***OR***
 - Membership renewal - \$30 ***OR***
 - Please send me an invoice. (*Registration will not be complete until invoice is paid.*)
- Forward my registration information to IACA (International Association of Crime Analysts) for membership (*optional – no additional cost*) – *You are responsible for activating and maintaining your IACA membership at www.iaca.net.*

Please mail this application, supporting documentation, and membership dues to:

**RAYTOWN POLICE DEPARTMENT
ATTN: Kyle J. Stoker
10000 EAST 59TH ST
RAYTOWN, MO 64133**