



**International Association of Campus Law Enforcement Administrators**

342 North Main Street, Suite 301, West Hartford, CT 06117-2507

PHONE: (860) 586-7517 \* FAX: (860) 586-7550 \* Email Address: [info@iaclea.org](mailto:info@iaclea.org) \* Website: [www.iaclea.org](http://www.iaclea.org)

**US Individual Membership Application**

Membership Period: September 1 – August 31

Individual membership categories are listed below. For descriptions of the different categories, go to <http://www.iaclea.org/visitors/membership/category.cfm> .

Institution Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Province: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Professional and Associate membership may be purchased once the Institutional membership is in place. Please note the change to for US Professional membership stated below.

- Professional Member\* \$100
- Associate Member \$60

\*Since US Institutional membership includes membership privileges for a certain number of Professional members, purchase of individual Professional Membership is not usually recommended for US residents. For questions, contact [info@iaclea.org](mailto:info@iaclea.org)

Institutional membership is not required for purchase of the membership categories below.

- Affiliate Member \$100
- Retired Member \$30
- Supporting Member \$300

**Payment Information**

**Credit Card** - please circle                      MasterCard              VISA              AMEX

Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

CVM: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Confirmation/Receipt Email Address: \_\_\_\_\_

Fax to: +1-860-586-7550

**Check** - Make check/PO payable to: IACLEA

Amount Enclosed: \$ \_\_\_\_\_

PO Number: \_\_\_\_\_

Mail to:

IACLEA

342 North Main Street, Suite 301

West Hartford, CT 06117-2507, USA

**Wire Transfer** - Reference institution name in the wire information

Account # 850362098 Routing # 211170347

Farmington Bank – One Farm Glen Boulevard Farmington, CT 06032

Account Name: IACLEA

New members: membership applications are processed weekly. Once processed, a new member packet will be mailed.

Please feel free to email us at [info@iaclea.org](mailto:info@iaclea.org) with any questions.