INTERNATIONAL ASSOCIATION OF LAW ENFORCEMENT FIREARMS INSTRUCTORS, INC.
25 Country Club Suite 707
Gilford, N.H. 03249
TEL. (603) 524-8787..FAX (603) 524-8856

MEMBERSHIP APPLICATION - NOT CERTIFICATION

ACTIVE $55.00 - ASSOCIATE $55.00 (U.S. DOLLARS)

Name:		DOB:(mm/dd/yy)
Agency:	E-MAIL Address:	
Address:		
City:	State:	Zip Code:
Phone: (Work) ( )	(Home) ( )	
Home Address: (if mailed to home)		
City:	State:	Zip Code:

BACKGROUND: MUST BE COMPLETED ENTIRELY

Date designated a Firearms Instructor by your agency:
Are you presently active as your agencies Firearms Instructor?
Describe Firearms Instructor's training you have attended, and your background as a Firearms Instructor:

Copies of your certificates/diplomas MUST accompany this application...
(N.R.A., Smith & Wesson Academy, Heckler & Koch, State Law Enforcement Training Council, Sigarms Academy, etc.)

ENDORSEMENT OF APPLICANT'S OR DIRECT FIREARMS TRAINING SUPERVISOR: I know the applicant to be professionally engaged in Firearms Instruction (Active), or know him/her to be a law abiding citizen who has knowledge that would benefit firearms (Associate), and recommend him/her for membership.

Signed:	Title:	Date:
Name: (print)	Phone: ( )	

I hereby apply for membership in I.A.L.E.F.I. and, if accepted, agree to abide by the bylaws and regulations published by the association.

Signed:	Date:
If you are being sponsored by a present I.A.L.E.FI. member, please indicate member's name: (print)	

INCOMPLETE APPLICATION WILL BE RETURNED

Enclose check (payable to I.A.L.E.F.I.) in the amount of one year's dues.
MAIL TO: I.A.L.E.F.I. - 25 Country Club Suite 707 Gilford, N.H. 03249

Method of payment |_| Personal Check - |_| Official Bank Check - |_| Money Order Enclosed payable to I.A.L.E.F.I.

Charge to: |_| MasterCard |_| VISA .....|_____|_____|_____|_____| Expiration Date |____|-|____|
(ACCOUNT NO. (All digits)

SIGNATURE REQUIRED IF USING CREDIT CARD_____

INTERNATIONAL MEMBERS MUST PAY BY MASTERCARD, VISA or US MONEY ORDER.