

# ILLINOIS HOMICIDE INVESTIGATORS ASSOCIATION

P.O. Box 251, Lemont, IL 60439  
 (815) 421-7963  
 www.ILHIA.com • conference@ilhia.com



## Membership Application

Check One:  New  Renewal

Name		Rank/Title
Department/Agency	Unit	
Department Address	City, State, Zip	
Department Phone	Department Fax	
E-Mail Address		
<hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>		

<p><b>ILHIA Tax I.D. No.: 80-0622993</b></p> <p><b>MEMBERSHIP FEE .....\$25.00</b></p> <p><b>PLEASE RETURN COMPLETED APPLICATION ALONG WITH CHECK OR MONEY ORDER [MADE PAYABLE TO ILHIA] To:</b></p> <p style="text-align: center;"><b>ILHIA P.O. Box 251 Lemont, IL 60439</b></p>	<p style="text-align: center;"><b>FOR ADDITIONAL INFORMATION OR QUESTIONS, PLEASE CONTACT (815) 421-7963 OR CONFERENCE@ILHIA.COM</b></p> <p style="text-align: center;">-- FOR OFFICE USE ONLY --</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Pd. Amt.</td> <td style="border: none;">Ck / MO / Pck</td> </tr> <tr> <td style="border: none;">Date of Issue</td> <td style="border: none;">Department/Agency</td> </tr> </table>	Pd. Amt.	Ck / MO / Pck	Date of Issue	Department/Agency
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