

WESTERN STATES CARGO THEFT ASSOCIATION

4141 Ball Rd. #271
Cypress, CA 90630-3400

MEMBERSHIP APPLICATION

Name:

Date

Agency / Employer:

Address:

City, Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Occupation and Title/Position:

Primary Responsibilities:

Length of Service: (year/mos)

Current Position: (year/mos)

Supervisor:

Phone:

REFERENCES: (PERSONAL AND/OR PROFESSIONAL)

NAME / AGENCY	BUSINESS	PHONE NUMBER
1.		
2.		
3.		

CURRENT AND/OR FORMER PROFESSIONAL ORGANIZATIONS

Yes No

Would you like to be listed on the internet?

Will you be attending meetings?

Internet Site Address:

Email Address:

TYPE OF MEMBERSHIP REQUESTED:

CLASS I CORPORATE SECURITY PROFESSIONAL

CLASS II LAW ENFORCEMENT CURRENTLY ENGAGED IN
CARGO THEFT INVESTIGATIONS

CLASS III RETIRED AND/OR FORMER CLASS I AND CLASS II
MEMBERS WHO'S CURRENT INTERESTS ARE NOT IN
CONFLICT WITH THE ORGANIZATIONS BYLAWS.

In compliance with Public Law 91-508, I hereby submit this application for membership consideration in the Western States Cargo Theft Association. I understand a routine inquiry may be made in the near future by the membership committee concerning my character, general reputation, personal characteristics and mode of living.

I certify that the information supplied by me in this application is true and I understand that any misrepresentation or the omission of any material facts shall be sufficient grounds for the rejection of this application of membership.

I acknowledge that I have read this notice in compliance with Public Law 91-508 state above.

Applicant Signature:

Date: