



SOUTHERN POLICE INSTITUTE ALUMNI ASSOCIATION

MEMBERSHIP / RENEWAL APPLICATION

VIRGINIA CHAPTER

DATE	NAME OF CLASS OR CONFERENCE ATTENDED		
YOUR PRESENT RANK	FIRST NAME	M. I.	LAST NAME
AOC			
NAME OF DEPARTMENT OR AGENCY (IF RETIRED, PLEASE CHECK HERE AND CONTINUE)			
DEPARTMENT MAILING ADDRESS		CITY	STATE ZIP CODE
DEPARTMENT PHONE & EX T.	DEPARTMENT FAX	E-MAIL ADDRESS (IMPORTANT FOR GROUP CONTACT LIST)	
YOUR HOME MAILING ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	HOME E-MAIL ADDRESS	PLEASE SEND ALL CORRESPONDENCE TO: <input type="checkbox"/> WORK <input type="checkbox"/> HOME ADDRESS	

MEMBERSHIP DUES

Regular Dues \$10

If making one payment for several members, please enclose a list with the information requested.

Membership dues are based on fiscal year starting July 1 and ending June 30.

Make checks payable to SPIAA, Virginia

**Mail your dues payment and form to:
Lieutenant Donald Lambert
P.O. Box 90775
Henrico, VA 23273-0775**

Don't delay, and please recruit a friend or bring a past member back to the SPIAA/VA family.

Thank you!