



MEMBERSHIP APPLICATION

NAME: _____
Last, First Middle Initial

RANK: _____ AGENCY: _____

MAILING ADDRESS HOME AGENCY

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

CONTACT PHONE: _____ E-MAIL: _____

MEMBERSHIP TYPE: ANNUAL ASSOCIATE ACTIVE LIFE
 LIFE INSTALLMENT (4 PAYMENTS OF \$50.00)

Active membership is open to any sworn law enforcement firearms instructor in the State of Colorado. Only active members will be allowed to vote. (Please send in a copy of your commission card and all firearms instructor certificates) ANNUAL DUES \$25.00

Associate membership is open to any individual or organization interested in furthering the mission and goals of CLEFIA but do not meet the requirements or active membership. ANNUAL DUES \$25.00

Life membership is open to any individual who meets the requirements for active membership. DUES \$200.00.

The Life Membership may be paid in installments of 4 equal quarterly payments (\$50.00).

I HEREBY APPLY FOR MEMBERSHIP IN THE "COLORADO LAW ENFORCEMENT FIREARMS INSTRUCTORS ASSOCIATION" AND AGREE TO ABIDE BY THE LAWS AND REGULATIONS PUBLISHED BY THE ASSOCIATION.

SIGNATURE: _____ DATE: _____

Payment option

Invoice from SQUARE e-mailed to you. Send the request to dave@clefia.org. Please indicate if you want to pay by check or credit card.