



MEMBERSHIP APPLICATION

*Fill out the application form completely, please print and spell out each answer, no abbreviations.
The National Major Gang Task Force (NMGTF) Headquarters will notify you of membership completion.*

NAME _____

TITLE/POSITION/RANK _____

AGENCY _____

ADDRESS _____

CITY, STATE ZIP _____

TELEPHONE (____) _____ FAX (____) _____

EMAIL ADDRESS _____

RENEWAL? _____ CARD # _____ NEW MEMBER? _____

PAYMENT INFORMATION: Enclosed is my check Please charge my Visa/MC/AX
 \$35 – 1 year
 \$125 – 5 years
 \$250 – 10 years

Credit Card No: _____ Expiration Date: _____

Name as it appears on the card (please print): _____

SIGNATURE _____ Date: _____

Send your completed application, work verification with photo identification and membership dues to:

***Lina Presley, Treasurer and Membership Chairman
National Major Gang Task Force (NMGTF) Headquarters
338 S. Arlington Avenue, Suite 112
Indianapolis, IN 46219
317-322-0549 Fax***

*For further information or questions about NMGTF, please contact (317) 322-0537
nmgtf@earthlink.net www.nmgtf.org*