

MAVTI
Michigan Association of Vehicle Theft Investigators
P.O. Box 501
Dearborn, MI 48121
Tax ID # 38-3573647

APPLICATION FOR NEW MEMBERSHIP

Name _____

Agency/Company Name _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____

Occupation _____ Rank/Title _____

Retired From (if applicable) _____

Home Phone: Area Code _____ Number _____

Work Phone: Area Code _____ Number _____

Fax Number: Area Code _____ Number _____

E-mail Address _____

Do you want a membership card? _____

This section must be completed for all new membership applications under MAVTI bylaws, Article II, Section 2A.

Recommending Member _____

Agency _____ Date _____

OR

Your Supervisor _____

Business Phone: Area Code _____ Number _____

Mail completed application, along with check or money order, to above address.

Dues: \$20 for one-year membership. Make check or money order payable to: MAVTI
All payments in U.S. Dollars. All memberships are for the calendar year.

I hereby apply for membership in the Michigan Association of Vehicle Theft Investigators (MAVTI)
and agree to abide by the association bylaws.

SIGNATURE _____ DATE _____