

Ohio Auto Theft Investigators Association

www.oatia.org

Membership Application/ Renewal

**For Membership year 01/01/20__ - 12/31/20__ **

Application Type: **New Member** **Renewal**

Professional Affiliation: **Law Enforcement (\$15.00)** **Insurance & Others (20.00)**

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Last Name *First Name* *Middle Initial*

Renewal Members may indicate changes below or indicate SAME

Street Address

City, State, Zip

(____) _____ (____) _____
Contact Telephone *Fax Number*

Department or Company Name *Title/ Position*

Email Address *Estimated years of OATIA Membership*

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Payment Method

(Must be indicated and received to process application):

Paypal (www.oatia.org) **Cash** **Check** (payable to **OATIA** PO BOX 164064 Columbus, Ohio 43216)

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By signing this form I acknowledge The Board of Directors reserves the right to disallow any application at their discretion. I also acknowledge that all communications will be by email unless otherwise requested in writing.

Signature of Applicant

Signature of Sponsoring Member

Date