



COAST GUARD INVESTIGATIVE ASSOCIATION

(ESTABLISHED 5/26/2005)

MEMBERSHIP APPLICATION

NAME: _____
DATE OF BIRTH _____
ADDRESS _____
PHONE _____
EMAIL _____

ELIGIBILITY REQUIREMENTS:

SERVED AS: (CHECK ONE)

- SPECIAL AGENT/INVESTIGATOR (XI)
- BRANCH CHIEF (oil/ole)
- SECURITY MANAGER
- INVESTIGATING OFFICER

TRAINING:(CHECK ALL THAT APPLY)

- TREASURY LAW ENFORCEMENT SCHOOL (TLES)
- USAF OFFICE OF SPECIAL INVESTIGATIONS (OSI)
- FEDERAL LAW ENFORCEMENT TRG CENTER (FLETC)
- OTHER (SPECIFY) _____

INVESTIGATIVE DUTY ASSISGNMENTS (UNIT)	DATES ASSIGNED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify the above information is true and correct and I served satisfactorily while assigned.

Signature

Date

Forward completed application for review and acceptance, along with dues for two years in the amount of \$50.00 to:
Jim Echhoff, Treasurer, CGIA 3232 Saturn Drive, Sacramento, CA 95827
Phone: (916) 201-9006 Email: jimechhoff@prodigy.net