



# CRIMINAL INVESTIGATION DIVISION AGENTS ASSOCIATION, INC.

555 Frog Road  
Locust Grove, GA 30248-3750  
Cell / Text: 770-363-1188  
email: [cidaa\\_membership@bellsouth.net](mailto:cidaa_membership@bellsouth.net)

## APPLICATION FOR MEMBERSHIP

You are cordially invited to join the Criminal Investigation Division Agents Association, Inc. (CIDAA). Mail your application and check or money order payable to the CIDAA to the address shown above. Active Duty and Reserve Army Special Agents **must attach** a copy of the orders / letter awarding their MOS / accreditation. Former and retired Army Special Agents **must attach** a copy of the DD214 showing their last Army CID service. Those eligible for Associate membership must provide documentation that they served for 6 consecutive months or more in a command or supervisory role with CID or were a US Marine Corps CID Agent. Please contact the CIDAA by mail, phone or e-mail if you served prior to the issuance of the cited documents, if you served in the CID as an accredited Army Supervisory Agent, or if you have questions about what documents to send. Membership is based on a calendar year (1 January to 31 December). **THE DUES STRUCTURE IS AT THE BOTTOM OF THIS FORM** and a full refund will be made if you are found to be ineligible.

**PLEASE PRINT OR TYPE AND COMPLETE ALL APPLICABLE SPACES BELOW. Thank you.**

NAME (Last, First, Middle Initial) \_\_\_\_\_ Military Rank \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth  
Month Day Year

Home Address (Street & Number) (Include apartment number, if applicable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Business Address (Street & Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Please check (✓) one option and always use the same address for correspondence to CIDAA:  
Send CIDAA mail to **home** address [  ] Send CIDAA mail to **business** address [  ]

	<u>OK to Publish?</u>		<u>OK to Publish?</u>
Home phone _____ - _____ - _____	YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]	Cell Phone _____ - _____ - _____	YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]
Business phone _____ - _____ - _____	YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]	FAX Phone _____ - _____ - _____	YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]
Email address: _____			

**Preference for: THE GOLD BOOK:** EMail [  ] CD [  ] Download [  ] Print [  ]  
**Preference for: THE BADGE MAGAZINE:** EMail [  ] Download [  ] Print [  ]

**To offset printing and mailing costs, there is a \$20 per year surcharge for any member who receives printed CIDAA publications (Eff: 1 Jan 2018)**

Are you currently on active duty with the Army Criminal Investigation Division? Please check (✓) one: YES [  ] NO [  ]\*  
Are you currently fully retired? Please check (✓) one: YES [  ] NO [  ]\*  
\*Please complete the following if you answered **NO** to both of the above questions: \*Employment title \_\_\_\_\_  
\*Name of employing company / organization \_\_\_\_\_

OPTIONAL INFORMATION / Name of Spouse: \_\_\_\_\_  
Address of Spouse (if different from yours): \_\_\_\_\_

I affirm that: (1) I have never been convicted of a felony or misdemeanor involving moral turpitude, and (2) if no longer serving on active military duty I was released, discharged, resigned or retired from such service under honorable conditions, and (3) my accreditation as a CID Special Agent was not rescinded, revoked or terminated for cause by the authorized accrediting agency.

Signature of Applicant \_\_\_\_\_ Date signed \_\_\_\_\_

### PRIVACY ACT OF 1974

Purpose: To maintain and correct current Organizational rosters  
Disclosure is voluntary. Failure to furnish correct information may result in members or eligible persons not receiving Organization publications and correspondence. Incorrect information could result in erroneous computations of statistical data and financial reports.  
Use: Used by Organization officials as needed to generate mailing lists.  
NOTE: CIDAA dues and donations are not tax deductible at this time.

**Membership dues are \$25.00 per calendar year (1 January - 31 December). New member applicants may pro-rate dues as follows:**  
1 April to 30 June - pay \$45.00 (\$80.00 with printed CIDAA publications) to the end of the following year, which saves you \$5.00 on the current year!  
1 July to 30 September - pay \$40.00 (\$70.00 with printed CIDAA publications) to the end of the following year, which saves you \$10.00 on the current year!  
1 October to 31 December - pay \$35.00 (\$60.00 with printed CIDAA publications) to the end of the following year, which saves you \$15.00 on the current year!  
(When using these rates, if you want printed CIDAA publications, please pay the amount in parenthesis, which includes the surcharge pro-rated for the current year and \$20 for next year.)

**NAME OF MEMBER WHO RECOMMENDED YOU JOIN CIDAA:** \_\_\_\_\_