

MISSISSIPPI ASSOCIATION OF GANG INVESTIGATORS



Membership Application

(Please print clearly)

Date: _____ New Member [] Renewal []

Name: _____ Title: _____

Agency: _____

Agency Mailing Address: _____

County: _____

Phone Numbers: Agency () _____ Cell () _____

E-Mail Address: _____

Alternate E-Mail Address: _____

Discipline: Sworn Law Enforcement ___ Corrections ___ Prosecutor ___

Other (specify in detail) _____

***** Please provide all contact information *****

All member contact information, unless otherwise specified, will be listed in the MAGI Membership Roster and provided to each member at the annual MAGI Conference.

Do you have a ROCIC Rissnet e-mail account? Yes/No

If yes, please provide your Rissnet e-mail address: _____

If no, please notify your state secretary.

New Members please provide **two law enforcement/prosecutor references** that work for another department for verification of your membership application.

Name: _____
Agency: _____ Title: _____
Phone #(s): _____

Name: _____
Agency: _____ Title: _____
Phone #(s): _____

Please select one:

New Membership - \$50

Renewal - \$25

Paying by: Check Cash Credit Card Online App Payment

Purchase order # _____

**Note – Payment will be returned if membership is not approved by the Board.*

***PLEASE MAKE CHECKS PAYABLE TO
MAGI***

P.O. Box 7648
D'Iberville, MS 39540
msmagi2009@gmail.com
PayPal: msmagi2009@gmail.com
Cashapp: \$MAGI01

Incomplete applications will not be processed.

For Official Use Only

Paid: _____ Region: _____ References Verified: Y / N

By Whom _____