



MACCHIA

Mid-Atlantic Cold Case Homicide Investigators Association

Renewal or New member (circle one)

Date: _____

Name: _____

Title: _____

Active Retired

Organization: _____

Important: Check which address you wish mail to be sent but please include info on both.

Business Street Address: _____

City: _____ State: ____ Zip: _____

Business Phone: _____

Business E-mail: _____

Home Street Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Home E-mail: _____

Length of time in law enforcement: _____

Contact info for recommendation (can be a current MACCHIA member or current LE individual):

Printed name: _____ MACCHIA member? Yes or No (circle one)

Organization: _____

Best way to contact for verification: _____

Dues: (Check One)

_____ \$35.00 (Aug 1st – July 31st) _____ \$18.00 (Feb 1st – July 31st)

Form of payment: ____ mail check (made payable to MACCHIA or ____ Paypal through website (check one)
Mail your completed application) to:

**P.O. Box 5718
Pikesville, MD 21282**