



AGMA Global Membership Application CLASS IV (GOVERNMENT/LAW ENFORCEMENT)

Company Name _____ Web Site Address _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Primary Contact Name _____ Title _____

Contact Information Telephone _____ Fax _____ Email _____

Secondary Contact Name _____ Title _____

Contact Information Telephone _____ Fax _____ Email _____

Company Description _____

Areas of Interest (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Enforcement | <input type="checkbox"/> Public Policy: | <input type="checkbox"/> International: |
| <input type="checkbox"/> Information Sharing | <input type="checkbox"/> Capitol Hill | <input type="checkbox"/> EU |
| <input type="checkbox"/> Legal | <input type="checkbox"/> White House | <input type="checkbox"/> WTO |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Customs | <input type="checkbox"/> OECD |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Law Enforcement | |
| | <input type="checkbox"/> State Legislatures | |
| | <input type="checkbox"/> Other: _____ | |

How did you learn about AGMA?

- Referred by AGMA Member

Name of Member Company

Name of Individual

- Other (please specify)

Dues: Worldwide Class IV Membership (Government/Law Enforcement) - Fee Free Membership

Should my agency be accepted as a Member, any and all representatives from my company will conduct his/her business affairs in such a manner as to bring credit upon the profession of which he/she is a part. By signing this Membership Application, my agency and any and all representatives from my agency, agree to abide by, and comply with AGMA's legal and ethical guidelines.

For questions, please contact:
Debbie Corr, Operations Manager
debbie@agmaglobal.org or (252) 500-0123

Authorized Signature

Title

Date

Please mail completed application and payment to: AGMA Global
15466 Los Gatos Blvd.
#109-167
Los Gatos, CA 95032