



ESPIOC MEMBERSHIP FORM

Please print form, fill it out, and mail it with your dues check to the address below.

NAME: _____ TITLE: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ CELL OR PAGER: _____

FAX: _____ WEBSITE: _____

E-MAIL ADDRESS: _____

I am a new member: ____

I am a returning member: ____

If you know of a PIO colleague or another agency that could benefit from the networking that ESPIOC offers, please let us know. We would like to invite them to join us:

AGENCY or PIO: _____

CONTACT INFO: _____

MAY WE TELL THEM YOU REFERRED THEM? _____

DUES:

Dues for each professional membership are \$75 per year. The membership cycle runs from January through December. Please make checks payable to: **ESPIOC** and mail to:

ESPIOC, P.O. Box 16129, Golden, CO, 80402-6003