



APPLICATION FOR MEMBERSHIP
(Law Enforcement verification required)

Date of application: _____

Name: _____

Title: _____

Agency: _____

Address: _____

Work email (required): _____

Office #: _____

Cell #: _____

(Keep lower portion for your records)

RCGIA MEMBERSHIP RECEIPT

Date of application:

Check #:

- **\$20 Annual Membership Fee (calendar year).**
- **Send application to: 29910 Murrieta Hot Springs Road
Suite G-318
Murrieta, Ca 92563-3815**
- **Law Enforcement verification required.**

Contact Senior Investigator II Levi Hart 951-906-9795 with any questions.