

**South Carolina Gang Investigators  
Membership Application**

Application Date \_\_\_\_\_  
Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Title/Position \_\_\_\_\_ Type of Agency \_\_\_\_\_  
Agency Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Agency Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please Circle: **Membership**                      **New/Renewal**

**NOTE: New Members MUST provide a copy of their Official Identification. This applies to both New and Renewal Memberships.**

Supervisors Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Complete this form along with a copy of your Official Identification and mail it with a check payable to SCGIA for \$20.00.**

**SCGIA PO Box 1035, Lexington, SC 29071**

**Please allow 2-4 weeks processing time for applications.**

**New Members will also have to log onto [www.scgia.org](http://www.scgia.org) and complete the sign up process.**

**Any questions can be directed to Lynn Baker or Joey Wallace.**

**Thank You for supporting SCGIA!**

