

**COLORADO LAW ENFORCEMENT FIREARMS  
INSTRUCTORS ASSOCIATION  
MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_

Last, First, Middle Initial

RANK: \_\_\_\_\_ AGENCY: \_\_\_\_\_

MAILING ADDRESS  HOME  AGENCY

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MEMBERSHIP TYPE:  ANNUAL  ASSOCIATE  ACTIVE LIFE  
 LIFE INSTALLMENT (4 PAYMENTS OF \$37.50)

*Active membership* is open to any sworn law enforcement firearms instructor in the State of Colorado.  
Only active members will be allowed to vote. ANNUAL DUES \$20.00

*Associate membership* is open to any individual or organization interested in furthering the mission and goals of CLEFIA but do not meet the requirements for active membership. ANNUAL DUES \$20.00

*Life membership* is open to any individual who meets the requirements for active membership.  
DUES \$150.00.

THE LIFE MEMBERSHIP MAY BE PAID IN INSTALLMENTS OF 4 EQUAL QUARTERLY PAYMENTS.

I HEREBY APPLY FOR MEMBERSHIP IN THE "COLORADO LAW ENFORCEMENT FIREARMS INSTRUCTORS ASSOCIATION" AND AGREE TO ABIDE BY THE LAWS AND REGULATIONS PUBLISHED BY THE ASSOCIATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_ MAKE CHECKS PAYABLE TO C.L.E.F.I.A.

Mail to :

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303-724-4444  
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