

GEORGIA ASSOCIATION OF LAW ENFORCEMENT
FIREARMS INSTRUCTORS, INC.

P.O. Box 29 - Locust Grove, Georgia 30248 - 678-432-8999

F.E.I.N. - 58-2006761 FAX - 678-432-9065 email - galefi.young@live.com

MEMBERSHIP - RENEWAL APPLICATION

Active - \$45.00 Associate - \$45 Sponsor - \$350.00 (Circle One)

(Renewals complete top section only)

NAME _____
(Last) (First) (Middle Initial) (Jr, Sr, III, etc)
AGENCY - COMPANY _____
RANK - TITLE _____ NICKNAME _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____ OFFICE PHONE _____
TELEPHONE: CELL _____ FAX _____ HOME _____

PLEASE LIST YOUR COMPLETE EMAIL ADDRESS

Check here if you need a receipt for reimbursement from your agency.

*****ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL*****

BACKGROUND

Date designated a Firearms Instructor for your agency (Active Only) _____

- Active - Describe your certification and training as a Firearms Instructor
- Associate - Describe your interest in Firearms Instruction
- Sponsor - Describe why you and/or your Company want to be a sponsor

ACTIVE ONLY - Copies of your certificates **MUST** accompany this application (G.P.O.S.T.C., F.B.I., N.R.A., S&W, etc.)

ENDORSEMENT OF APPLICANT:

involved with Firearms Instruction (Active applicant) or I know the applicant to be involved with Firearms (Associate or Sponsor applicant) and I recommend him/her for GALEFI membership.

Payment Enclosed (Check or Money Order)
Charge to Visa Master Card Discover
I know the applicant to be professionally
Card No _____
Expiration Date _____
Daytime Phone _____

Signature of GALEFI Sponsor _____ (Date) _____
I hereby apply for membership in GALEFI and if accepted agree to abide by the bylaws and regulations published by the Association

Your Signature _____

Mail application along with appropriate membership fee to: GALEFI
P.O. Box 29
Locust Grove, GA 30248