



American Correctional Officer Intelligence Network



Individual Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____ Phone # _____

Job title: _____ Facility: _____

Date of Birth ____/____/____ Male ____ Female ____ Active ____ Retired ____

Membership Levels

All ACOIN members receive Roll Call our monthly email update, our newsletter 'LOCKDOWN' which is published in December, April and August and our Prison Privatization Reports which are issued twice a year. Members have access to all our reports and archives by accessing the members only section on our website. They also receive corporate discounts at Bally's Fitness, AVIS car rentals, CDT Self Defense Training, and tax advice and preparation via our tax hotline. But most importantly they are helping in large part to move our profession forward. To address the universal issues we face and to provide a national platform for change.

____ \$10/month - Associate Member
(Associate members are not eligible for the AD&D benefit but do receive all other rights and benefits of membership.)

____ \$15/month **ACOIN General Membership** includes all rights and benefits of membership and our **\$110,000 AD&D Benefit***.

____ \$20/month **ACOIN Family Membership** includes all rights and benefits of membership and our: **\$110,000 AD&D Benefit***, with a **\$55,000 AD&D** benefit for your spouse/domestic partner, and a **\$11,000** AD&D benefit for your dependent children. The benefit goes up to **\$66,000** for your spouse/domestic partner if you have no dependent children and **\$16,500** per dependent child if you don't have a spouse/domestic partner. (*The AD&D insurance is underwritten by United States Life Insurance Company, in the city of New York a member company of the American International Group Inc, (AIG) . For more information about the policy, please review the certificate on the ACOIN web site at www.COIntel.net or call us at 307-883-9707.)

Name of Beneficiary: _____

Relationship to Beneficiary: _____

Payment Options: Credit Card, Check, Money Order & Payroll deduction where available, are all accepted.

Payroll Deduction: Where available. (All information submitted to ACOIN is kept strictly confidential. Your social security number is used for insurance and payroll deduction purposes only.)

Social Security #: ____/____/____ Date: ____/____/____
(SS# will be used for insurance and or payroll deduction depending on the payment options chosen.)

Bank Routing Number: 102301092 Account Number: 3469158327 Bank: Wells Fargo, Thayne, Wyoming

Charge Option: Visa ____ MasterCard ____ Am. Express ____ Discover ____
Please charge my membership: (charge is deducted in 12 monthly installments and not in one lump sum unless requested.)

Card # _____ Expiration Date: ____/____/____

Member Signature: _____
(Signature will be used for authorization of insurance, payroll deduction, and or charges of membership depending on the membership option & payment plan chosen.)

Check or Money Order: (total annual amount due): Please make checks payable to:
ACOIN, P.O. Box 1175, Thayne, WY 83127