



East Coast Gang Investigators Association, Inc.

Application Form

Certified Gang Professional Certification

Applicant's Name:

First: _____ Middle Initial : ____ Last : _____

Note: The name on your C.G.P. Certificate will appear as above.

Law Enforcement

Employer:

Mailing Address:

_____ Department/Agency

City/Town: _____ State: _____ Zip: _____

Business Telephone:

Applicant's e-mail

Address:

(_____) _____ - _____

_____ (**Required** for online test)

Date Applicant attended an Annual Gang Conference

Name of Gang Association hosting the conference: _____

Month: _____ Year: _____ (Note: Must have been within past 3 years)

Location(City/Town)where you attended: _____

(A **copy of your certificate** from the conference is required with the application)

Current Gang Association Member:

Yes Name of NAGIA recognized Gang Association: _____

(Note: For list of current NAGIA member organizations go to: www.NAGIA.org)

No If not a currently member, you are required to join a NAGIA recognized Gang Association. You are welcomed to join ECGIA. Go to our Web site for application and requirements: www.ECGIA.org. Questions to: ECGIACGP@aol.com

Validation as Law Enforcement Professional:

CGP certification is restricted to: Police, Corrections, Parole, Probation, Analysts, Juvenile Justice Officers (N.J.), and Prosecuting Attorneys. To confirm your status and your membership in a NAGIA recognized Gang Association, please provide the name & contact number for your association representative who will validate your status:

(Name) _____ (Phone) _____

Application & Testing Fee Payment:

Options for Fee payment:

U.S. Postal Service Money Order, payable to: ECGIA, amount: \$250

Bank or Certified Check, payable to: ECGIA, amount \$250

Credit Card payment:

Master Card VISA Card #: _____

American Express Expiration Date: _____

Billing address for card (Street Address, City, State, Zip Code):

_____ (State) ____ ZIP _____

Three Digit Security Number from Rear of Card: _____

I authorize ECGIA to charge my credit card account the amount of \$250 in payment of the Application and Testing Fee for the C.G.P. Certification.

Authorizing Signature: _____

Date: _____

Mail Application, Payment and Conference Certificate Copy to:

ECGIA, Inc. (CGP Program)
P.O. Box 411B
East Northport, New York 11731