

# Wisconsin Association of Computer Crime Investigators (WACCI)

**WACCI - East**  
**P.O. Box 523**  
**Waukesha, WI 53187-0523**



**WACCI-North**  
Detective Jeff Baumgarten  
Clark County Sheriff's Office  
517 Court Street  
Neillsville, WI 54456

**WACCI - West**  
**P.O. Box 1885 Madison, WI 53701**

## Application for Membership

WACCI-East  WACCI-West  WACCI- North

Please check our bylaws for membership requirements. If you are not a sworn law enforcement officer, you need sponsorship by a current WACCI member in good standing for consideration. Please type or print:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Organization / Department / Agency: \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Employer Information

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Full Business Address: \_\_\_\_\_  
Office #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Responsibilities/Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been removed from employment or lost membership / certification from a professional organization due to any criminal activity? Yes / No If yes, explain: \_\_\_\_\_

Have you ever been arrested or convicted of a felony in any jurisdiction? Yes / No  
If yes, explain: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Sponsor Information

A non-sworn law enforcement applicant requires sponsorship by a current WACCI member in good standing.

Sponsor Name: \_\_\_\_\_ Office #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature of WACCI Member: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Dues: \$20.00 Annually (Dues year begins in June. Dues are not prorated)

I authorize representatives of WACCI to conduct an investigation of my application, which may consist of an employment background and public records check, to determine my suitability for membership. I acknowledge the cost for verifications will be reviewed with me and may be at my expense. If there is any change in status of the information provided above after acceptance to WACCI, I will promptly notify a Board Member. My failure to do so can result in discontinuation of membership and forfeiting of membership fees.

\_\_\_\_\_  
Signature of Applying Member Date  
E.I.N. 39-1970404

\_\_\_\_\_  
Date