



Agency Code
RMIN Use Only

Rocky Mountain Information Network Membership Application

Agency Name: _____ / _____
County

Street Address: _____
City State Zip

Mailing Address: _____
City State Zip

Chief Executive Officer _____ Title _____

Telephone (____) _____ FAX # (____) _____ ORI # _____

Number of Sworn Personnel _____ Executive E-mail Address _____

Please Print

Officer Name	Title	Phone #	E-mail Address

Choose Agency RMIN Representative: _____

This agency understands and agrees to abide by the Rocky Mountain Information Network (RMIN) Constitution and Bylaws in all matters connected with RMIN Membership. This agency also agrees to abide by 28 CFR Part 23 Federal Guidelines in all matters involving criminal intelligence information sharing using riss.net services.

Agency Head Signature _____ Date _____