Mid-States Organized Crime Information Center

Check as appropriate (REQUIRED FIELD):

X Membership Application **($50 fee to apply due with app.)**

Membership Reapplication (No charge for reapp.)

Supporting the Law Enforcement Community since 1980

2255 W. Sunset St., Springfield, MO 65807

(417) 883-4383 (800) 846-6242

Fax: (417) 883-2154

membership@mocic.riss.net

DESIGNATION OF AGENCY PERSONNEL

AGENCY INFORMATION:

Number of sworn officers (full-time only) _____

Agency Name: Roscoe Police Department ORI# IL1010600

Primary Agency PhoneNumber: 815-623-7338 Agency County: Winnebago

Agency Address: 10595 Main St. Post Office Box # _____

City: Roscoe State: IL Zip Code: 61073 - _____ RMS System: _____

Accounts Payable contact information to send invoices.

Accounts Payable phone number: _____

Accounts Payable email: _____

ADMINISTRATIVE HEAD MEMBER

The highest-ranking officer of the law enforcement agency (chief, sheriff, SAC, colonel, director, etc.).

Title: Chief Name: Samuel Hawley

Business Address (if different from above): _____

Business Phone (if different from above): 815-623-7338 Cell Phone: _____

Email Address _____ (●) Sworn LE ( ) On behalf of Sworn LE

MOCIC member agencies shall have individual members designated to serve in the capacities of:

EXECUTIVE MEMBER

Usually, the highest-ranking officer of the law enforcement agency (chief, sheriff, SAC, colonel, director, etc.). Is charged with implementing the requirements of MOCIC within the agency and ensuring the integrity of all projects pertaining thereto. This individual will receive mailings from MOCIC pertaining to administrative matters. (Often will be the same as listed for the administrative head member.)

Title: _____ Name: SAA

Business Address (if different from above): _____

Business Phone (if different from above): _____ Cell Phone: _____

Email Address: _____ ( ) Sworn LE ( ) On behalf of Sworn LE

REPRESENTATIVE MEMBER

NOTE: Designated representative member may vet and approve agency users on RISSNET and through contact with their MOCIC law enforcement coordinator.

Usually the officer-in-charge or most senior investigator engaged in intelligence and/or investigation activities directly and/or solely involving criminals, organized crime and/or illegal drug trafficking. Is charged with the responsibility of gathering information and intelligence, maintaining the necessary compliance records within your agency, managing correspondence, and formulating assistance requests for your agency, and responding to requests for assistance from other MOCIC agencies. The representative member receives mailings related to intelligence matters, training, and operational information, and is the individual the MOCIC law enforcement coordinator will normally contact during agency visits.

Title:_____ Name:_____

Business Address (if different from above):_____

Business Phone (if different from above): _____Cell Phone: _____

Email Address: _____ ◯ Sworn LE ◯ On behalf of Sworn LE

ALTERNATE MEMBER

Usually the second officer-in charge or second most senior investigator or analyst engaged in intelligence and/or investigation activities directly and/or solely involving criminals, organized crime, and/or illegal drug trafficking. Is charged with the responsibility of assisting the representative member and assuming the responsibilities of the representative member in their absence. Your agency is not required to have an alternate, but you may designate up to two alternates.

Title:_____ Name:_____

Business Address (if different from above):_____

Business Phone (if different from above): _____Cell Phone: _____

Email Address: _____ ◯ Sworn LE ◯ On Behalf of Sworn LE

Title:_____ Name:_____

Business Address (if different from above):_____

Business Phone (if different from above): _____Cell Phone: _____

Email Address: _____ ◯ Sworn LE ◯ On Behalf of Sworn LE

MEMBERSHIP AGREEMENT

between

Mid-States Organized Crime Information Center

and

Roscoe Police Department / Illinois

(Name/State of Agency Entering Agreement)

Roscoe, Illinois

(City and State of Agency Entering Agreement)

Mid-States Organized Crime Information Center (MOCIC), which has been established to provide information, intelligence and resource support services to law enforcement agencies for multi-jurisdictional criminal investigations in the MOCIC region, does hereby agree to provide assistance to this Agency.

As a member of MOCIC and on behalf of this Agency, I certify that all personnel from this Agency, designated or otherwise, who use MOCIC or Regional Information Sharing Systems (RISS) services and resources agree to abide by the Constitution and Bylaws that govern this organization and to follow any policies, procedures, regulations and/or guidelines applicable to and/or concerning all services rendered or resources provided by MOCIC or RISS. This includes the FBI Criminal Justice Information Services (CJIS) Security Policy.

The agency agrees to accept and abide by the principles set forth in 28 Code of Federal Regulations, Part 23, and agrees to verification of compliance at the time of membership acceptance, and periodically thereafter. Per the contract requirements of software vendors, if a research request includes or requires a social media or facial recognition search, name and email of agency personnel requesting information must be logged in the vendor software to fulfill the request.

Chief Samuel Hawley	David Hall
Agency Administrative Head (please print)	**MOCIC Executive Director (MOCIC use only)**
Agency Administrative Head Signature	**MOCIC Executive Director Signature (MOCIC use only)**
Date	**Date** (MOCIC use only)

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PAYMENT FORM FOR MOCIC MEMBERSHIP FEES

NOTE: Needed for New Membership Applications ONLY. Check or CC must be presented before agency is considered for provisional membership. Please ensure information below is complete or provide contact person for CC security code if code not listed. Fee covers first year of membership. If agency not approved by board, the fee will be refunded within 30 days from the date of the vote.

Accounts Payable Contact Information:

NAME:_____

EMAIL:_____PHONE #: _____

Billing Information: (Not required for reapplication.)

AGENCY NAME: _____

BILLING ADDRESS: _____

BILLING PHONE NUMBER: _____

PAYMENT METHOD (choose one): ☐ **PAY BY CHECK/ACH**

☐ MasterCard ☐ VISA ☐ DISCOVER NETWORK ☐ AMERICAN EXPRESS

CREDIT CARD # and Security Code: (or mark to call for code) _____ _____

EXPIRATION DATE:_____/_____AMOUNT: $_____

(See schedule below to determine amount.)

Fee schedule: $50 application fee first year.
Then $100 to $300 per agency for future years, based on the number of sworn officers below:

1–10:	$100	51-100:	$250
11–25:	$150	Over 100:	$300
26–50:	$200		

AUTHORIZED SIGNATURE:

PRINT:_____

SIGN: _____

PHONE # **(if different from above)**: _____

If you have any questions, please contact the MOCIC *Membership Support Coordinator* at (800)846-6242, ext. 4111 or email *membership@mocic.riss.net*. (Send completed form to this email.)

Do you require a receipt? yes☐ no ☐ **If yes, email address to send the receipt:** _____

FOR MOCIC USE ONLY: **Completed By:**_____

AGENCY #_____ **AUTHORIZED BY:** _____