

CIT-Who We Are

The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health professionals, mental health consumers and their families. The goal of the program is to help persons with mental disorders access medical treatment rather than place them in the criminal justice system due to illness-related behaviors.

CIT-Core Elements

The core elements of the Memphis Model of CIT police training include: 40-hours of in-classroom training of law enforcement officers who volunteer for this program; training on mental health signs and symptoms, appropriate medications and their side effects, a tour of local mental health facilities, use of verbal de-escalation techniques, active listening skills and improved police tactics using safe restraint techniques that result in reduced use of force.

**Contact: Lt. Michael S. Woody
Ret.
President and Founding
CIT International Member**

michael.s.woody@earthlink.net

CIT International MEMBERSHIP BENEFITS

Current Paid Up Membership in CIT I Includes:

- A CITI annual membership card
- A 'CITI Member' pin presented at next CITI conference
- Discount on future CITI Annual Conference Registration Fees for Paid Up Members at time of conference registration
- Quarterly CITI newsletter
- Agency/organization/corporate membership will include a certification stating "CIT International Member-since" statement
- Access to CIT I Member Website and blog sites
- Inclusion on the mailing list for routine correspondence from the CIT International Board of Directors on policies and procedures that relate to establishing, maintaining and revising CIT programs around the world

CIT International, Inc. Please Join Today Membership Dues Structure

Sign up for:	Amount
<input type="checkbox"/> Annual Regular Member	\$25.00
<input type="checkbox"/> Annual Non-profit Member	\$100.00
<input type="checkbox"/> Annual Corporate Member	\$200.00
<input type="checkbox"/> Lifetime CIT Member	\$450.00
<input type="checkbox"/> Donation Amount	_____
<input type="checkbox"/> Check IF this is a RENEWAL	_____
Total: _____	

Name _____

Address _____

Phone _____

E-mail _____

Agency/Affiliation _____

Signature/Date _____

Please make checks payable to:

**CIT International, Inc.
c/o William Lange, Treasurer
P. O. Box 371
Summit, Illinois 60501**

THE FAMILY OF CIT THANKS YOU!

**Visit, join or donate
on our website at
www.citinternational.org**