# **NSA MEMBERSHIP** APPLICATION



PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
INFORMAL	/NICKNAME		TITLE/POSITION	
AGENCY/O	RGANIZATION			

#### WORK ADDRESS:

WORK ADDRESS:		HOME ADDRESS:		
O PREFERRED MAILING ADDRES	O PREFERRED BILLING ADDRESS	O PREFERRED MAILING ADDRESS O PREFERRED BILLING ADDRE		O PREFERRED BILLING ADDRESS
STREET ADDRESS		STREET ADDRESS		
MAILING ADDRESS (IF DIFFERENT)		MAILING ADDRESS (IF DIFFERENT)		
CITY		CITY		
STATE/PROVINCE		STATE/PROVINCE		
ZIP		ZIP		
COUNTRY				
PHONE		COUNTRY		
		PHONE		
TOLL FREE		FAX		
FAX				
WEB SITE				

PREFERRED EMAIL ADDRESS				
CELL PHONE			DATE OF BIRTH	
GENDER (CHECK ONE)	O MALE O FEMA	<b>LE</b>		
HAVE YOU PREVIOUSLY BEEN	A MEMBER OF NSA?	O YES	O NO	
HOW DID YOU LEARN ABOUT	NSA? HERIFF AND DEPUTY MAG	AZINE O MAIL	ING	

O NSA CONFERENCE O CURRENT NSA MEMBER O FORMER NSA MEMBER O OTHER

CONTINUE TO OTHER SIDE

# NSA MEMBERSHIP APPLICATION (CONTINUED)



### MEMBERSHIP DUES STRUCTURE (PLEASE CHECK ONE) ACTIVE

#### **MEMBERS**

- O Sheriff
  - O Sheriff with county population of 500,000 or more = \$2000
  - O Sheriff with county population of 250,000-499,999 = \$1000
  - O Sheriff with county population of 100,000-249,999 = \$500
  - O Sheriff with county population of 10,000-99,999 = \$250
  - O Sheriff with county population of less than 10,000 = \$125
- O Chief of Police = \$99
- O Executive/Agency Director = \$99
- O Deputy Active Members = \$99
- O Other Active Members = \$99

#### **AUXILIARY MEMBERS**

- O Auxiliary Member = \$49
- O Deputy Auxiliary Member = \$49
- O Student = \$49

#### SUSTAINING MEMBERS

- O Citizen Member = \$39
- O Retired Law Enforcement = \$39

#### Dues subject to change.

#### Please note, all memberships are non-transferable and non-refundable.

O PLEASE SEND ME INFORMATION ABOUT INCLUDING ADDITIONAL INDIVIDUALS IN A GROUP MEMBERSHIP.

I WOULD LIKE TO MAKE A DONATION TO THE NSA FOUNDATION IN THE AMOUNT OF	
PAYMENT TOTAL	\$

#### **PAYMENT INSTRUCTIONS**

O CREDIT CARD		O CHECK / MONEY	ORDER (PAYABLE TO N	NATIONAL SHERIFFS' ASSOC	IATION)
TYPE OF CARD:	0	AMERICAN EXPRESS	O VISA	O MASTERCARD	O DISCOVER

Ē	EXP DATE	CREDIT CARD NUMBER
<u>=</u> *	SECURITY CODE*	NAME AS IT APPEARS ON CARD
·		SIGNATURE

RETURN COMPLETED FORM TO **FAX** NUMBER (703) 838-5349 OR **MAIL** TO: NATIONAL SHERIFFS' ASSOCIATION, ATTN: MEMBERSHIP, 1450 DUKE ST, ALEXANDRIA, VA 22314 \*3-digit number found on the back signature panel of the VISA, MASTERCARD, DISCOVER or 4-digit number found on the front of the AMERICAN EXPRESS.

FOR FURTHER INFORMATION ABOUT NSA AND MEMBER BENEFITS, PLEASE VISIT HTTPS://WWW.SHERIFFS.ORG/MEMBERSHIP-CENTER OR CALL (800) 424-7827 WITH QUESTIONS.

## **MEMBERSHIP REQUIREMENTS**

Active Members (eligible to vote):

- Sheriffs
- Sheriffs-elect, provided they qualify for office.
  Undersheriffs, assistant sheriffs, deputy sheriffs, other employees of a sheriff's office, and members of the sheriff's reserve, auxiliaries, and posses.
- Chiefs of police and other employees of an agency having responsibility to enforce criminal law.
- Individuals affiliated with federal and state law enforcement or with military agencies.
- Individuals employed by private rather than public organizations but who have law enforcement duties.
- Individuals employed in any agency, public or private, whose responsibilities relate directly or indirectly to the administration of criminal justice.
- Individuals engaged in teaching, research, and writing in the field of criminal justice.
- Individuals who have demonstrated genuine interest in and support of the Office of Sheriff or the effective administration of criminal justice/law enforcement/public safety throughout the nation.

#### Auxiliary Members (not eligible to vote):

- Auxiliary Members
- Deputies
- Students
- International Members