

**MEMBERSHIP APPLICATION**

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 **Prefix First Name MI Last Name Suffix**

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**Title/Positon**

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**Agency/Organization**

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| --- |
| ***Work Address*** Preferred Mailing Address Preferred Billing Address |
| **Street** **Address** |
| **Mailing Address****(If different)** |
| **City** | **State** | **Zip** | **Country** |
| **Phone** | **Fax** |
| **Toll free** | **Website** |

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| ***Home Address*** Preferred Mailing Address Preferred Billing Address |
| **Street****Address** |
| **Mailing Address****(If different)** |
| **City** | **State** | **Zip** | **Country** |
| **Phone** | **Fax** |

**Preferred Email Address** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone Number** ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender (**Check One**) Male Female**

**NCPC MEMBERSHIP APPLICATON (**continued**)**

**Have you previously been a member of NCPA? Yes No**

**How did you learn about NCPA?**

Internet Mailing Training/Conference

 Current NCPA member Former NCPA member Other­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Membership Advantages*****As a member of the National Crime Prevention Association, you will receive many benefits that include but are not limited to those listed below:*** NCPA member kit with resources CD
* Members Only E-Newsletter
* Training at the regional and national levels
* Ability to network across the country
* Access to crime prevention publications
* Free or discounted crime prevention resources
* Access to online prevention training
* Networking opportunities
* In-service training credit certification for practitioners
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***Membership Dues***

The annual membership fee is $35.

***Payment Instructions***

Credit Card Check/Money Order (Payable to Crime Prevention Council)

**Type of Card:**  American Express Visa MasterCard

|  |  |
| --- | --- |
| **Credit****Card Number** | **Exp.** **Date** |
| **Name as it** **appears on card** | **Security** **Code\*** |
| **Signature**  |

*\*3-digit number found on back of signature panel of the Visa & MasterCard or 4-digit number found on the front of the American Express*

RETURN COMPLETED FORM TO FAX NUMBER 202-296-1356

ATTN: MEMBERSHIP

For further information about NCPC and member benefits, please visit ncpc.org/ncpa or call 202-466-6272