

**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** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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 |

***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