

# UNITED STATES NATIONAL STANDARDS OF TRAINING ASSOCIATION



P.O. BOX 8167, ELBURN, IL 60119

PHONE: 630-365-1400

FAX: 630-365-1365

INFO@USNSTA.COM

WWW.USNSTA.COM

## AGENCY MEMBERSHIP

### Benefits of Membership

#### ❖ Discounts on Products and Gear

- 10% Off your first training purchase
- Exclusive web promotions for members at [www.usnsta.com](http://www.usnsta.com)

#### ❖ Discounts on Training

- 10% Off any U.S.N.S.T.A. Approved Training (*including Controlled F.O.R.C.E.*)
- Discounted team rates on any U.S.N.S.T.A. Approved Training
- 1 Free registration for U.S.N.S.T.A. Conference (*for first year of membership*)
- Become eligible to host U.S.N.S.T.A. Approved Training at your qualified facility
- Exclusive web promotions for members at [www.usnsta.com](http://www.usnsta.com)

#### ❖ Discounts on Hotels Nationwide

- Corporate Discount at all La Quinta Inn & Suites  
(Promo Code: CFORCE)



### Membership Fees

- ❖ 1-Year Membership: \$250.00
- ❖ 2-Year Membership: \$450.00

# UNITED STATES NATIONAL STANDARDS OF TRAINING ASSOCIATION

## AGENCY MEMBERSHIP REGISTRATION FORM

OFFICE USE

### SELECT ENROLLMENT OPTION:

- 1-Year Membership: **\$250.00**  
 2-Year Membership: **\$450.00**

CALL 630-365-1400 FOR INFORMATION

FAX COMPLETED FORM TO: 630-365-1361

See *Terms of Agreement* below for conditions on discount and free training

### AGENCY REPRESENTATIVE INFORMATION -- PRINT CLEARLY / ALL FIELDS REQUIRED

LAST NAME FIRST NAME MIDDLE POSITION / RANK

DEPARTMENT / AGENCY

DIVISION / UNIT

WORK ADDRESS

CITY

STATE

ZIP

WORK PHONE

CELL PHONE (OPTIONAL)

WORK FAX

PRIMARY E-MAIL ADDRESS

SECONDARY E-MAIL ADDRESS (OPTIONAL)

AGENCY WEBSITE ADDRESS

ALTERNATE POINT OF CONTACT

**TERMS OF AGREEMENT** In order for your agency to become eligible for discounts on training, and to receive 1 free registration for the U.S.N.S.T.A. Tactical Training Seminar, you must agree to:

A. TELETYPE AGREEMENT Issue a teletype / e-mail blast informing local / state agencies of upcoming training.

B. GRANT PERMISSION Grant U.S.N.S.T.A. permission to list your agency as a member of the U.S.N.S.T.A. on any and all promotional materials.

**I AGREE TO THESE TERMS** (Agreement is condition of discount and free training an is required for acceptance of membership)

### SELECT PAYMENT OPTION

**PURCHASE ORDER** P.O. NUMBER \_\_\_\_\_

**CREDIT CARD** VISA MC CARD NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

**CHECK PAYMENT** MAKE PAYABLE TO: U.S.N.S.T.A. P.O. BOX 8167 ELBURN, IL 60119

I VERIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE, AND THAT I AM QUALIFIED TO REPRESENT THIS AGENCY:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_