



MEMBERSHIP FORM

Date _____

NAME _____

RANK _____

LAW ENFORCEMENT AGENCY _____

AGENCY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

AGENCY PHONE NUMBER _____ FAX# _____

DATE OF BIRTH _____ Male Female

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SPONSER MEMBER NAME _____

I WOULD LIKE MY MAIL RECEIVED AT : HOME ADDRESS AGENCY

DUES AND BENEFITS ARE \$30.00 ANNUALLY

The KNOA Membership is valid for one year, from conference to conference.

MAKE CHECKS PAYABLE TO : **KANSAS NARCOTICS OFFICERS ASSOCIATION**

PRINT AND MAIL THIS FORM WITH DUES PAYMENT TO:

**KANSAS NARCOTICS OFFICERS ASSOCIATION
P.O. BOX 1218
HAYS, KANSAS 67601**