



# 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 2918  
HAYS, KANSAS 67601**