

# UNITED STATES NATIONAL STANDARDS OF TRAINING ASSOCIATION



P.O. BOX 8167, ELBURN, IL 60119

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WWW.USNSTA.COM

## ASSOCIATION MEMBERSHIP

### Benefits of Membership

#### ❖ U.S.N.S.T.A. Membership Kit

- Certificate of Association Membership
- 10% Discount on U.S.N.S.T.A. Approved Training for your Association Board Members  
Discounts can be used toward select U.S.N.S.T.A. Approved Training courses, including Controlled F.O.R.C.E. training

#### ❖ Co-op Marketing Options

- Logo/Web link Swap
- Cross Promotion of Conferences and Events
- Complimentary attendance for one representative at Annual U.S.N.S.T.A. Training Seminar
- 20% Off Annual U.S.N.S.T.A. Training Seminar for your members

#### ❖ Exclusive Promo Opportunities

- Become eligible to distribute promotional materials through a variety of Controlled F.O.R.C.E. and U.S.N.S.T.A. marketing collateral, such as radio promo, commercial ad placement, and mass web marketing
- Invitation to present about your association at the Annual U.S.N.S.T.A. Training Seminar

#### ❖ Discounts on Marketing Options

- 10% Off Controlled F.O.R.C.E. Advertising Rates
- 15% Off U.S.N.S.T.A. Advertising Rates
- 15% Off U.S.N.S.T.A. Training Seminar Sponsorship Rates

#### ❖ Discounts on Hotels Nationwide

- Up to 15% Off reservations at La Quinta Inn & Suites



### Membership Fees

- ❖ 1-Year Membership: \$350.00
- ❖ 2-Year Membership: \$650.00

*First Time Members registering by March 15th will be included on print brochures for 11th Annual U.S.N.S.T.A. Tactical Training Seminar (over 10,000 copies sent nationwide)*

# UNITED STATES NATIONAL STANDARDS OF TRAINING ASSOCIATION

## ASSOCIATION MEMBERSHIP REGISTRATION FORM

OFFICE USE

### SELECT ENROLLMENT OPTION:

1-Year Membership: **\$350.00**

2-Year Membership: **\$650.00**

Membership Kits will be sent electronically to your  
Primary E-mail Address

CALL 630-365-1400 FOR INFORMATION

FAX COMPLETED FORM TO: 630-365-1361

See *Terms of Agreement* below for conditions on  
membership acceptance

### ASSOCIATION 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)

ASSOCIATION WEBSITE ADDRESS

ALTERNATE POINT OF CONTACT (OPTIONAL)

**TERMS OF AGREEMENT** In order for your membership registration to be accepted, you must agree to:

A. LOGO PLACEMENT Place the provided Association Member logo on your organization website with hyperlink to [www.usnsta.com](http://www.usnsta.com).

B. GRANT PERMISSION Grant U.S.N.S.T.A. permission to include your association and logo on any and all U.S.N.S.T.A. promotional materials.

I AGREE TO THESE TERMS (Agreement is condition of Membership acceptance)

### 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 ASSOCIATION:

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