

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

CORPORATE MEMBERSHIP

Benefits of Membership

❖ U.S.N.S.T.A. Membership Kit

- Certificate of Corporate Membership
- \$100 Training Voucher for VIP Clients (*one voucher for each year of membership*)
Training Vouchers can be used toward any U.S.N.S.T.A.. Approved Training, including Controlled F.O.R.C.E. training

❖ 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

❖ Exclusive Promo Opportunities

- Become eligible to promote your product/company on 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
- Become eligible for official product status (*for example, Wiley-X is the Official Eyewear of the U.S.N.S.T.A.*)
- Have one of your products listed as a “Featured Product” on CF Pro Shop for one month

❖ “Personal Touch” Client Development Opportunities

- A Personal Liaison will be assigned to educate our clientele about your product
- Exclusive invitation to one U.S.N.S.T.A. Approved Training seminar to demo your product(s) directly to our clientele

❖ 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

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CORPORATE 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

COMPANY 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)

COMPANY 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 Corporate Member logo on your company website with hyperlink to www.usnsta.com.

B. GRANT PERMISSION Grant U.S.N.S.T.A. permission to include your company 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 COMPANY:

SIGNED _____ DATE _____