

NENA

2012 Group Membership Application



Agency/PSAP Name _____

Primary Contact _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Referred By _____

Signature _____

List all members to be included in the group membership on page 2 (names and email addresses)

Group Membership Packages (choose one)

Agency Group Packages	Cost	Package Benefits
<input type="checkbox"/> I	\$500	<ul style="list-style-type: none"> Up to 5 Full Memberships 1 - \$150 Voucher
<input type="checkbox"/> II	\$1,200	<ul style="list-style-type: none"> Up to 10 Full Memberships 2 - \$150 Vouchers 1 Complimentary Job Posting
<input type="checkbox"/> III	\$2,400	<ul style="list-style-type: none"> Up to 20 Full Memberships 5 - \$150 Vouchers 2 Complimentary Job Postings
<input type="checkbox"/> IV	\$3,600	<ul style="list-style-type: none"> Up to 30 Full Memberships 8 - \$150 Vouchers 5 Complimentary Job Postings
<input type="checkbox"/> V	\$3,700+	<ul style="list-style-type: none"> 31 or More Full Memberships 8 - \$150 Vouchers 5 Complimentary Job Postings Additional memberships @ \$100 each

The packages offered to 9-1-1 Agencies must be purchased at one time with payment received in full. All members within a group must be identified at time of purchase on the reverse side of this form.

NENA Voucher Rules

1. Not applicable toward additional memberships
2. Good toward any national NENA event (regular registration rate), course, webinar or store item
3. One-time use with a max value of \$150; unused balances do not carry over
4. Cannot be combined
5. No money will be given against a voucher. Any balance on a voucher will not be refunded.
6. Must be used during 2010-2012

Payment Information

(All dues payable in US funds)

Check Charge \$ _____ to
 Visa MasterCard American Express

Account #: _____ Exp.: _____

Signature: _____

Fax or mail this completed application with payment to:

NENA, 1700 Diagonal Road, Suite 500, Alexandria, VA 22314, Fax (202) 618-6370

INTERNAL USE ONLY

ID #: _____

Invoice #: _____

Amount Rec'd \$: _____

Notes: _____

READ THIS CAREFULLY! THIS IS A LEGAL AGREEMENT THAT AFFECTS EACH MEMBER'S RIGHTS AND OBLIGATIONS.

By applying for or renewing a group membership in the National Emergency Number Association you represent that each member in the group has read, and agrees to be bound by the terms of the NENA Intellectual Property Rights Policy, available at www.nena.org/ipr. Each member MUST accept these terms to become or remain a member of the Association.

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List all of the members to be included in the group membership (names and email addresses)

1.	Name	Title	Email
2.	Name	Title	Email
3.	Name	Title	Email
4.	Name	Title	Email
5.	Name	Title	Email
6.	Name	Title	Email
7.	Name	Title	Email
8.	Name	Title	Email
9.	Name	Title	Email
10.	Name	Title	Email
11.	Name	Title	Email
12.	Name	Title	Email
13.	Name	Title	Email
14.	Name	Title	Email
15.	Name	Title	Email
16.	Name	Title	Email
17.	Name	Title	Email
18.	Name	Title	Email
19.	Name	Title	Email
20.	Name	Title	Email
21.	Name	Title	Email
22.	Name	Title	Email
23.	Name	Title	Email
24.	Name	Title	Email
25.	Name	Title	Email
26.	Name	Title	Email
27.	Name	Title	Email
28.	Name	Title	Email
29.	Name	Title	Email
30.	Name	Title	Email
31.	Name	Title	Email
32.	Name	Title	Email
33.	Name	Title	Email