## **CORPORATE PARTNERSHIP APPLICATION**



All items MUST be completed below.

COMPANY REPRESENTATIVE		
STREET ADDRESS (IF DIFFERENT)		
CITY	State	ZIP
PHONE	EXT	TOLL FREE
	FAX	
CELL PHONE  EMAIL  The undersigned agees that the co	ompany and its agents w	VEBSITEill abide by NSA's "Terms and Conditions of
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MAIL Application to: National Sheriffs' Association, ATTN: Terri Hicks, 1450 Duke Street, Alexandria, VA 22314

FAX to: 703.842.6204

EMAIL to: terrih@sheriffs.org