



# NTOA Membership Application

PO Box 797, Doylestown, PA 18901 | p: 800-279-9127 | f: 215-230-7552 | www.ntoa.org

## PLEASE CHECK MEMBERSHIP TYPE

### INDIVIDUAL

- "The Tactical Edge" Membership**
- U.S. Membership.....\$40
  - Canada Membership.....\$45
  - Foreign Membership.....\$45

### TEAM

- "The Tactical Edge" Membership**
- U.S./Canada Membership.....\$150
  - Foreign Membership.....\$200

Please provide NTOA with a list of team members and their email addresses so NTOA can send updates and the latest training information.

If points of contact change at any time, please update online at [www.ntoa.org](http://www.ntoa.org) or notify NTOA immediately via fax 215-230-7552.

## THE FOLLOWING ID IS REQUIRED BY ALL APPLICANTS (TEAM MEMBERSHIPS ONLY REQUIRE POINT OF CONTACT ID)

- **Full-time sworn law enforcement officers must provide:**  
A photocopy of law enforcement ID or an agency letterhead statement from applicant's direct supervisor verifying applicant's law enforcement status.
- **Non-sworn TEMS and Crisis Negotiators must provide:**  
Current agency letterhead statement from the tactical or negotiations team commander verifying applicant's supportive role within the team. Non-sworn members must submit updated verification with renewal payment each year.
- **Foreign (other than Canadian) must provide:**  
Foreign applicants must submit their application with a letter from the Consular Officer or Regional Security Officer of the American Embassy verifying that applicant's credentials are true and accurate.

## HOW DID YOU LEARN ABOUT THE NTOA? (CHECK ALL THAT APPLY)

- NTOA training class  NTOA Conference  Other training/event (please list) \_\_\_\_\_  NTOA Store
- The Tactical Edge  Other publications (please list) \_\_\_\_\_  NTOA Resource Library  NTOA Email
- NTOA Web site  Other Web sites (please list) \_\_\_\_\_  Friend  Other \_\_\_\_\_

## INDIVIDUAL/TEAM APPLICANT

Send my publication to: (For Individual Applicants ONLY)  Home  Agency

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Rank \_\_\_\_\_

Assignment  Full Time SWAT  Full Time CNT  Collateral Duty  Patrol  SWAT  Investigations  TEMS  Bomb Tech

Home Address \_\_\_\_\_ Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Email \_\_\_\_\_ Personal Agency Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## AGENCY INFORMATION

Agency Name \_\_\_\_\_

Agency Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Phone \_\_\_\_\_ Agency Fax \_\_\_\_\_

Population Served by Agency \_\_\_\_\_ No. of Sworn Officers in Agency \_\_\_\_\_

## TEAM INFORMATION

Team Name \_\_\_\_\_ Team Status (check one)  Full Time  Part Time

Multi-jurisdictional?  No  Yes

If yes, list other departments on team \_\_\_\_\_

No. of Tactical Members \_\_\_\_\_ No. of Negotiators \_\_\_\_\_ No. TEMS \_\_\_\_\_ No. Sworn TEMS \_\_\_\_\_ No. Bomb Technicians \_\_\_\_\_ No. of Breachers \_\_\_\_\_

Multi-Geographic Area Served \_\_\_\_\_ Multi-Jurisdictional population served \_\_\_\_\_ No. Training Hours \_\_\_\_\_

## PAYMENT INFORMATION (Applications sent without proper documentation and/or incorrect payment amount will be returned.)

Signature of Applicant \_\_\_\_\_

Credit Card:  Visa  Mastercard  American Express Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

(For VISA & MC - last 3 digits in signature line \_\_\_\_\_) (For AMEX: 4 digits in small print on card front \_\_\_\_\_)

Check Amount \$ \_\_\_\_\_ Check or Money Order Number \_\_\_\_\_ Purchase Order Number \_\_\_\_\_

Please make checks payable to NTOA. Mail application/ID to: NTOA, PO Box 797, Doylestown, PA 18901

**ONLINE APPLICATION AVAILABLE**

If paying by credit card, fax application and ID to: Fax: 215.230.7552

Questions, call: 800-279-9127 For more information, visit: [www.ntoa.org](http://www.ntoa.org)