



# *National Black State Troopers Coalition*

## **Membership Application**

The National Black State Troopers Coalition Membership Qualifications:

( ) **INDIVIDUAL:** Any State Trooper who is an active or retired member of a State Police, State Patrol, State Highway Patrol or State Department of Public Safety Agency and in good standing with their State Chapter, if one exist. Individual members must support the interest of furthering the goals and objectives of the NBSTC. \* **Return with \$25.00 membership fee and copy of credentials**

( ) **ASSOCIATE:** All individuals of any law enforcement agency who do not meet the qualifications for chapter membership(s) and who support the interest of furthering the goals and objectives of the NBSTC. An Associate Member may be elected to any office with the exception of the offices of President and Vice President. \***Return with \$25.00 membership fee and copy of driver's license.**

( ) **ASSOCIATE BUSINESS MEMBER:** All civilian business community supporters interested in furthering the goals and objectives of the NBSTC. \* **Return with \$75.00 membership fee and Business card.**

Name \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone home :( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Month. Day Year State \_\_\_\_\_ Zip code \_\_\_\_\_

Preferred Email (Print) \_\_\_\_\_

The NBSTC's primary form of communication is email. Please print your email address legibly. You are responsible for notifying the National Secretary of any address changes. Check here if additional email addresses are placed on the rear of this page.

Agency \_\_\_\_\_

Job Description, i.e. patrol, investigations, etc.: \_\_\_\_\_

Instructor Certifications check here. Explain on rear of this page.

Work Address \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

State Chapter Name, if one exist:

By applying for membership with the National Black State Troopers Coalition, Inc., I hereby agree to abide by the By-Laws and Constitution established by the N.B.S.T.C.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### **FOR OFFICIAL USE ONLY**

Date Rec'd	Confirm	Check#	Deposit Date	Date Rec.	Corresp.	Membership #.