



MEMBERSHIP FORM

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DATE OF BIRTH _____ SSN _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SPONSER MEMBER NAME _____

EMAIL _____

Male Female

I WOULD LIKE MY MAIL RECEIVED AT : HOME ADDRESS AGENCY

AGENCY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DUES AND BENEFITS ARE \$20.00 ANNUALLY

The KNOA Membership is valid for one year, from conference to conference.

MAKE CHECKS PAYABLE TO : **KANSAS NARCOTICS OFFICERS ASSOCIATION**

PRINT AND MAIL THIS FORM WITH DUES PAYMENT TO:

**KANSAS NARCOTICS OFFICERS ASSOCIATION
P.O. BOX 2566
TOPEKA, KANSAS 66601-2566**