



AFFILIATE MEMBER
APPLICATION FOR MEMBERSHIP

The individuals named below are authorized representatives of the organization named below requesting consideration by the NIPSTA Board of Directors for membership in the Northeastern Illinois Public Safety Training Academy.

ORGANIZATION

Organization Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

Website _____

PRIMARY CONTACT PERSON

Name _____

Telephone/Ext. _____ Fax _____

E-Mail _____

ALTERNATE CONTACT PERSON

Name _____

Telephone/Ext. _____ Fax _____

E-Mail _____

Please fax your application to 847-998-8091. Thank you.