

MEMBERSHIP APPLICATION

NDEOA MEMBERSHIP APPLICATION

Please print clearly in black ink or type.

Date of Application: _____ Send mail to: Business Home

Last Name: _____ First Name: _____

DOB: ____ - ____ - ____ Social Security # ____ - ____ - ____

Home Address: _____

City _____ State: _____ Zip: _____

Home Phone #: (____) ____ - ____ E-Mail Address: _____

Agency/Firm: _____

Position/Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone # (____) ____ - ____

Qualifications: **Enclose Copy of Certificate of Training**

Drug Academy DEA 2 –week DEA S/A Basic Drug Unit Commander

*Other (NDEOA Sponsor Required) _____

Sponsor Name/Signature: _____/_____

Membership Year August 1 Through July 31 Initial Dues: (Based on date of app.) Aug-March = \$45.00 March-July = \$22.50

Make check payable to NDEOA, Inc.

Mail completed application and dues to:

NDEOA
DEA, Office of Training
P.O. Box 1475
Quantico, VA 22134-1475