Application for ARNISSA Membership

1) Name: Last: _____ First: _____

2) Your birth year: _____ 3) Spouse's name: _____

4) Address: Street: _____

City: _____ State: ____ Zip+4: _____

5) Home telephone #:_____

6) Alternate telephone #:_____

7) Email address:

8) Were you employed by the NCIS or predecessor organization? Y N.

9) If yes, during what years? From: _____ to: _____

10) For what type of membership are you applying? (See Section II of the By-Laws)

Regular: _____
Non-voting: _____
Honorary: _____

Comments:

Signature: _____ Date: _____

Mail this form, along with your annual dues payment of $35.00, to Diana Frantz, Box 322, Ashville, NY, 14710