NAVAL CRIMINAL INVESTIGATIVE SERVICE ASSOCIATION
(NCISA)

Application for NCISA Membership

Last Name: _____

First Name: _____

Birth Year: _____

Spouse's Name: _____

Address: _____
Street

_____ _____ _____
City **State** **Zip+4**

Telephone: **Home:** _____

Alternate: _____

E-mail Address:

Were you employed by the NCIS or predecessor organization? ☐ **Yes** ☐ **No**

If yes, during what years? **From:** _____ **To:** _____

Last Duty Station: _____

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

☐ **Regular**
☐ **Associate**

Comments:

Signature: _____ **Date:** _____

Mail this form, along with your annual dues payment of $35.00, made payable to NCISA, to Diana Frantz, P.O. Box 322, Ashville NY 14710