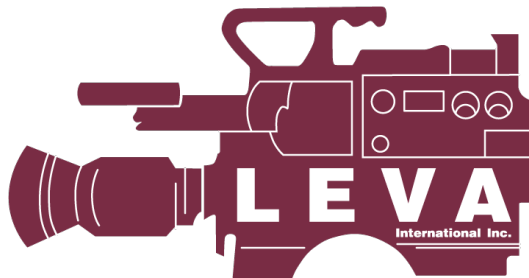


APPLICATION FOR ASSOCIATE MEMBERSHIP



LEVA Business Office Use

Member#: _____

Date Rec'd: _____

Member Date: _____

I hereby make application for membership as an Associate Member of the Law Enforcement and Emergency Services Video Association International, Inc. (LEVA) in accordance with its By-Laws and Articles of Incorporation.

Full Name: _____

Employed by: _____

Title / Position: _____

Business Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Mailing Address: (if different from above) _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Business Phone: _____ Ext: _____ FAX: _____

Home Phone: _____

E-mail Address: _____

Public Associate Member Annual Dues: \$ 70.00 US Initial membership dues are pro-rated as follows:

January 1 - June 30
\$ 70.00

July 1 - September 30
\$ 50.00

October 1 - December 31
\$ 70.00

If joining during the 4th quarter of the calendar year, your LEVA membership is valid through December 31 of the following year.

Payment Options:

- Processed Payment Online via PayPal** – Date Payment Processed: _____
 - Check or Money Order** enclosed \$ _____ US Funds - Made payable to **LEVA**
 - Invoice to :** _____ **P.O. No.** _____
 - Charge to Credit Card:** MasterCard VISA AMEX
- Name on card: _____
- Card No. _____ Expiration Date: _____

Authorized Signature: _____

If Corporate or Business Card, include 4 digit Customer IDNo. _____

Return Completed Form to:

**LEVA
ATTN: Associate Renewal
P.O. Box 547
Midlothian TX 76065-0547**

**For more information contact the LEVA Business Office: 469-285-9435 - office
469- 533-3659 - fax**

PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM.

