# APPLICATION FOR MEMBERSHIP

## ASSOCIATE RENEWAL

**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** | **July 1 - September 30** | **October 1 - December 31** |
|---|---|---|
| $ 70.00 | $ 50.00 | $ 70.00 |

If joining during the 4th quarter of the calender 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.**

**PLEASE MAKE ANY CHANGES OR CORRECTIONS TO THE INFORMATION BELOW:**

Non-Government Agency: ☐ Non-Profit Organization: ☐

Non-Government Education Facility: ☐ Other: ☐

**PLEASE DESCRIBE HOW YOU FEEL MEMBERSHIP WITH LEVA HAS BEEN BENEFICIAL TO YOURSELF AND/OR LEVA: (Please attach additional sheet if necessary)**

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## Qualifications for Membership

**Associate Member -** an Associate member may be any individual not qualifying for membership under credentials, organizational affiliations, or other unique circumstances, makes his/her membership appropriate for the good of the organization. Such individuals may be approved for membership by the Board based upon a specific purpose,case, or situation at hand. Individuals approved for membership under the of this section shall not have the right to vote or hold office.

Associate members, who are considered to be 'in good standing' with LEVA, shall receive the same benefits as Public Safety members, but may be limited to participation of any unrestricted organizational activities. 'In good standing' shall be defined as having applicable membership fees paid and membership status up to date.