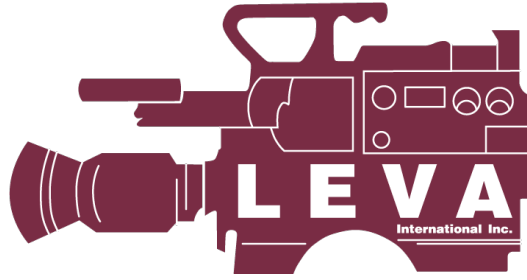


**APPLICATION  
FOR  
CORPORATE  
MEMBERSHIP  
RENEWAL**



**LEVA Business Office Use**

**Member#:** \_\_\_\_\_

**Date Rec'd:** \_\_\_\_\_

**Member Date:** \_\_\_\_\_

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

Company Name: \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

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: \_\_\_\_\_

Web Site: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**BRIEFLY DESCRIBE ANY CHANGES TO THE TYPE OF EQUIPMENT OR SERVICE YOU PROVIDE:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Corporate Sponsor Annual Dues: \$ 275.00 US per 12 month period**

**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: New Corporate Sponsor**  
**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.**

**To assist us in providing profile information to our membership directory, please include any changes to your representatives:**

**Company Representatives:** (Please indicate "X" who should receive LEVA members mailing list)

- ( ) 1. Representative Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact Numbers:  
Work #: \_\_\_\_\_ Extension: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Internet Email Address: \_\_\_\_\_
- ( ) 2. Representative Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact Numbers:  
Work #: \_\_\_\_\_ Extension: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Internet Email Address: \_\_\_\_\_
- ( ) 3. Representative Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact Numbers:  
Work #: \_\_\_\_\_ Extension: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Internet Email Address: \_\_\_\_\_

**Qualifications for Membership**

Corporate Sponsor - Any corporation, business, or professional entity interested in supporting law enforcement, fire, emergency medical, or other public safety services through the use of video technology and application.

Corporate Sponsors shall be allowed to designate up to three (3) current employee representatives for membership as determined by the Board of Directors. Additional Corporate Sponsor representative memberships may be obtained for a membership fee as determined by the Board of Directors. One Corporate Sponsor representative member shall be designated to receive a LEVA member mailing list, plus any mailing list update(s), and LEVA member profile information. Corporate Sponsor representative members shall not be allowed to hold office or vote on any association matter. Except as previously stated, Corporate Sponsor representative members shall receive all member mailings, including the LEVA Membership directory. Member representatives of a Corporate Sponsor may attend any unrestricted association conference, training session, or meeting, as long as the status of the Corporate Sponsor remains 'in good standing' with LEVA. 'In good standing' shall be defined as having applicable membership fees paid and membership status is current and up to date.