

NATIONAL
SHOPLIFTING PREVENTION
COALITION



Corporate & Affiliate Membership Application

Please fill out this form and return. A member services person will contact you shortly.

Company Information

DATE _____ / _____ / _____

COMPANY NAME (PLEASE PRINT COMPANY NAME AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE)

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 2)

CITY STATE ZIP / POSTAL CODE

MAIN TELEPHONE MAIN FAX

COMPANY WEBSITE NUMBER OF EMPLOYEES NUMBER OF STORES / LOCATIONS

Primary Contact Information

(MR. MRS. MS. DR.) NAME TITLE

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 2)

CITY STATE ZIP / POSTAL CODE

TELEPHONE EMAIL

FAX

Membership Dues Contact Information (If different from above)

(MR. MRS. MS. DR.) NAME TITLE

TELEPHONE EMAIL

Company and contact information will be listed in the National Shoplifting Prevention Coalition "Member's Only" Network Directory. Network Directory listings will only include Company name, contact name, title, address, telephone, email and/or website.

Does NASP have your permission to use your company logo in the Network Directory and / or on our website in order to recognize your membership in the National Shoplifting Prevention Coalition?

- YES, I am sending the logo via email in JPEG format to coalition@shopliftingprevention.org
- YES, please get the logo from our company website.
- NO, you do not have permission to use our logo.

Nature of Company Business:

- Retail Corporation Retail Supplier / Service Provider Product Manufacturer Other: _____

How did you first learn about the National Shoplifting Prevention Coalition (NSPC)?

(Please Specify)

- Colleague / Friend _____
- Employer _____
- Advertisement _____
- Conference or Trade Show _____
- Internet _____
- Direct Mail _____
- Other _____

What is your company or agency's reason for joining? (Mark all that apply)

- Information & Education
- Professional networking
- Help shape public policy on shoplifting prevention
- Other _____
- For an opportunity to sponsor the Honest to Goodness Project
- To support the retail industry
- To support local communities

Do you know of someone else who might be interested in learning about the benefits of NSPC Membership?

Name: _____ Title: _____

Company / Agency: _____

Mailing Address: _____

Telephone #: _____ Email: _____

Please choose a USER NAME and PASSWORD for the NSPC "Members Only" Website section

USER NAME _____ PASSWORD _____

Type of Membership Select your membership option

- Corporate Retail Membership \$10 per store location (Minimum dues \$200 for up to 20 store locations)
- _____ X \$10 = _____
of Stores Total Annual Dues

- Affiliate Membership

Annual Revenue	Annual Dues
<input type="radio"/> Less than \$50 million	\$550
<input type="radio"/> \$50 - \$199 million	\$800
<input type="radio"/> \$200 - \$499 million	\$1,150
<input type="radio"/> \$500 - \$999 million	\$1,650
<input type="radio"/> \$1 billion - \$10 billion	\$3,350
<input type="radio"/> Over \$10 billion	\$5,000

Dues Information:

Method of Payment

Payment must accompany application. Purchase orders are not accepted. Do not send cash.

- Check or Money Order payable to NASP
- Visa MasterCard American Express Discover Debit (Must have Visa or MasterCard Logo)

Type of Card Corporate Personal

Card Number: _____ Exp. Date: _____ / _____

Name on Card _____ (please print)

Signature: _____

Return Completed Application with Payment to:
National Shoplifting Prevention Coalition (NSPC)
380 N. Broadway, Suite 306
Jericho, NY 11753
(800) 848-9595 (516) 932-9393

This Non-Profit Coalition is Under the Stewardship of
the National Association For Shoplifting Prevention
www.shopliftingprevention.org
**All applications for corporate and affiliate
membership are reviewed and approved by NASP.**