

NATIONAL
SHOPLIFTING PREVENTION
COALITION



Agency Membership Application

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

Agency Information

DATE _____ / _____ / _____

AGENCY NAME _____ (PLEASE PRINT AGENCY 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 _____

AGENCY WEBSITE _____ FT _____ PT _____ Total _____
NUMBER OF EMPLOYEES

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 _____

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

Does NASP have your permission to use your agency 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 agency website.
- NO, you do not have permission to use our logo.

Nature of Agency:

- Law Enforcement
- Crime Prevention Organization
- State or Federal Government
- Criminal Justice
- School or Community Youth Organization
- Other _____
- Juvenile Justice
- Municipal or County Government

Area Served: _____

What is the mission of your organization?

What is your organization's interest in joining the National Shoplifting Prevention Coalition?

What other memberships does your agency participate in?

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

USER NAME _____ **PASSWORD** _____

Type of Membership

Select your membership option:

- Justice Agency Membership Dues \$100 - Level I (1 Year)
- Government / Non-Profit Agency Membership Dues \$100 (1 Year) \$185 (2 Years)

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 (Fax)

This Non-Profit Coalition is Under the Stewardship of
the National Association For Shoplifting Prevention
www.shopliftingprevention.org

All applications for justice and government / non-profit agency membership are reviewed and approved by NASP.