

National Journal of Emergency Dispatch  
**Subscription and Associate Membership  
APPLICATION FORM**



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**WORLD HEADQUARTERS:**

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Date

- Mr.  
 Mrs.  
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Country

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E-mail Address (if applicable)

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Agency Name (place of employment)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Agency Mailing Address

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City/Town

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State/Province

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**Associate Membership** is designed so individuals can stay current in the public safety industry and with the Academy by receiving regular mailings, announcements, and the **National Journal of Emergency Dispatch** (our official quarterly publication). While certification membership is important for maintaining professional work credentials and demonstrating competence through testing and continuing education, in some cases this is not necessary. The option to become an Associate Member offers an important alternative for students, those who have retired from public safety service, or individuals who are simply interested in public safety and want to demonstrate interest in the Academy's mission and goals without having to maintain employment in the public safety industry or complete a CDE or recertification program. Call **(800) 960-6236** if you have any questions about your membership.

**Please enroll me as an Associate Member for:**

1 year (**\$19**)    2 years (**\$35**)    3 years (**\$49**)

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I hereby request Associate Membership with, and National Journal of Emergency Dispatch subscription from, the NAED as described above and agree to abide by the Academy's Code of Ethics and to respect all copyrights, patents, and intellectual property regarding course materials and/or protocols.

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**YOU MUST SIGN HERE TO COMPLETE APPLICATION**