



Associate Membership Application

For individuals who strongly support the mission and activities of the American Association of State Troopers.

APPLICANT				
Name	(Last)	(First)	(Middle)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City	State	Zip	
Mailing Address	City	State	Zip	
Home Phone (include area code)	E-Mail Address			

Individuals, as well as business, professional, and community leaders throughout the United States may obtain Associate membership in the American Association of State Troopers, Inc. Membership is granted upon approval of his or her application and payment of the annual dues membership.

Name of Employer	Address
City	State Zip
Title	Work phone (include area code)
Membership dues <input type="checkbox"/> \$35 Associate Member	

SUBMITTING YOUR APPLICATION

Please send your annual dues to AAST, 1949 Raymond Diehl Road, Tallahassee, FL 32308

Check enclosed (payable to AAST) - OR - Charge my credit card

Visa
 MasterCard
 Discover
 American Express

Card # _____ Expires ____ - ____ Cardholder's Signature _____

According to the tax act of 1993, your dues paid to the Association will be nondeductible.