



Associate Law Enforcement Membership Application

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			

<p>Civilian personnel who are employed by state law enforcement agencies and whose line of work provides support activities for state troopers or police and administrative support and telecommunications personnel of a state trooper, state police, state highway patrol, or any law enforcement unit of government may obtain Associate Law Enforcement 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.</p>	
Name of Employer	Address
City	State Zip
Title	Work phone (include area code)
<p>Membership status</p> <p><input type="checkbox"/> \$35 Associate Law Enforcement Member</p>	

SUBMITTING YOUR APPLICATION	
Please send your annual dues to AAST, 1949 Raymond Diehl Road, Tallahassee, FL 32308	
<input type="checkbox"/> Check enclosed (payable to AAST) - OR - Charge my credit card	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card # _____	Expires ____ - ____ Cardholder's Signature _____
<i>According to the tax act of 1993, your dues paid to the Association will be nondeductible.</i>	