



Member National Council of Negotiation Associations

WESTERN STATES HOSTAGE NEGOTIATORS' ASSOCIATION

MEMBERSHIP APPLICATION

Date _____

Name _____ (Last, First)

This Membership is a _____Renewal _____New Membership

I Am Replacing _____On Our Team

Rank _____Agency _____

Agency Address _____

City _____

State/Province _____Zip/Postal Code _____

Home Phone _____Work Phone _____

Check All That Apply

_____ Law Enforcement (City, County, State, Province)

_____ Law Enforcement (Federal)

_____ Corrections

_____ Hostage/Crisis Negotiator

_____ Commander/Administrator

_____ Other (Please Identify) _____

Instructions

Print form, complete form, and mail with \$35.00 US Funds to:
WSHNA, 17224 SE Wax Rd., Covington, WA 98042-9124, USA