

Application for Membership in the North American Security Products Organization

I / we would like to be a Member of the North American Security Products Organization.

Company Name				 	
Address					
City	State	Zip	Code		
Contact Person Name					
Phone		Fax			
E-mail		_ Web Sit	e		

Please provide a 50 word description of your Company for the NASPO web site.

Membership Fees: (please check box corresponding to desired level of membership)

Platinum Benefactor (\$ 25,000)	Gold Benefactor (\$ 15,000)		
Silver Benefactor (\$ 7,500)	Charter Member (\$ 4,950)		
Corporate Member (\$ 2,750)	Individual Member (\$ 825)		
I enclose payment using: 1) Company Purchase Order # _	, or 2) Check enclosed		

NASPO Mailing Address

totaling (U.S.) \$ ______ payable to: North American Security Products Organization (NASPO).

Please mail a copy of your Application with your check to: NASPO Headquarters 1300 I Street NW, Suite 400E Washington, DC 20005 tel: 202 608 1322 fax: 202 547 6348

fax: 202 547 6348 mikeo@naspo.info