



NEW YORK

Association of Hostage
Negotiators



MEMBERSHIP APPLICATION FORM

Title/Rank, First & Last Name: _____

Department/Organization Name: _____

Dept./Org. Address: _____

Dept./Org. City, State & ZIP Code: _____

Office Phone #: _____ Fax Number (optional): _____

Email Address: _____ Email Type (select one): Business Personal

Home Mailing Address (optional): _____

Home City, State & ZIP Code (optional): _____

I, the undersigned, do hereby certify that I am an active or retired local, state, federal, correctional law enforcement Hostage/Crisis Negotiator or a professional who is involved in the practice of Crisis Intervention in conjunction with a law enforcement agency (i.e. clergy, mental health professional).

Applicant Signature: _____ Date: _____

REMITTANCE:

Please remit completed and signed Membership Application Form along with \$25.00 payment for annual membership dues (*make checks payable to NYAHN*) to:

New York Association of Hostage Negotiators (NYAHN)
c/o Sam Farina (Association President)
P.O. Box 10005
Rochester, NY 14610

A Certificate of Membership will be sent upon receipt of annual membership due payment.

For additional details and information, please visit: www.nyahn.net.

Do Not Write Below Line. For Association Use Only.

Date Received: _____ Received By: _____ Payment Type (select one): Check Cash