



NORTH AMERICAN EXPORT COMMITTEE

APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

CITY _____

STATE/PROVINCE/ZIP _____

PHONE: BUS: (____) _____ RES: (____) _____

FAX: (____) _____ E-MAIL _____

AGENCY _____

ADDRESS _____

CITY _____

STATE/PROVINCE/ZIP _____

TITLE _____

I hereby apply for membership in the NAEC and agree to abide by the By-laws of the committee.

SIGNATURE _____ DATE _____

Membership fee is \$25.00 (U.S.) per year. Make checks payable to NAEC and mail to:
Miami-Dade Police Department
c/o Chris Bimonte
9105 NW 25th Street Room 3122
Miami, FL 33172