



National Association for Missing and Exploited Children NAMEC Membership Application

PO Box 270
Oceanside, CA 92049
HelpRescueChildren.org

For additional information email: amy.orourke@helprescuechildren.com

APPLICANT INFORMATION

Name:		Email:	
Agency:	Phone:	Profession:	
Current address:			
City:	State:	ZIP Code:	DOB:
Website:	District Affiliation: <input type="checkbox"/> Northwest <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest		

MEMBERSHIP

Note: memberships are anniversary date, not calendar year.

<input type="checkbox"/> Active (Voting member) Licensed Private Investigator Must provide licensing information below Annual Membership: \$75.00	<input type="checkbox"/> Associate (Non-voting member) Any individual who does not qualify for Active, or Student membership, but who has an interest in assisting missing and exploited children. Annual Associate Membership: \$50.00
<input type="checkbox"/> Service Industry (Non-voting member) Any government agency, private or non-profit company, NGO, or corporation with an interest in assisting missing and exploited children. Annual Membership Dues: \$125.00	<input type="checkbox"/> Student (Non-voting member) Any individual who is currently enrolled in a university, community college, or private accredited vocational institute with an interest in assisting missing and exploited children. Annual Membership Dues: \$25.00
<input type="checkbox"/> Corporate/Business (Voting member) any company or service or industry interested in assisting with an interest in assisting missing and exploited children. Annual membership fee for the business includes 5 employees. Additional employees will be \$25 each. Please complete a separate form for each employee. Annual Membership Dues: \$250.00	

PAYMENT INFORMATION

<input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card Number	Expiration:	CVV Number:
Cardholder Name:	Billing address if different than above:	

SPECIALTIES AND EXPERIENCE INVOLVING ASSISTANCE TO MISSING & EXPLOITED CHILDREN

If a licensed Private Investigator please include state and license number(s).

SIGNATURE

Referred by: _____ . I hereby apply for membership in NAMEC. I authorize representatives of NAMEC to make a thorough review of my application, including a felony background check. I understand that unless otherwise indicated, information on this application will be available for publication. I understand that submitting false information on this application will result in revocation of my membership. I agree to abide by the bylaws of the Association and all rules and policies applicable to my membership.

Signature: _____ Date: _____