



**NAVAL CRIMINAL INVESTIGATIVE SERVICE ASSOCIATION
(NCISA)
Membership Application**

Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: _____ **Spouse's Name** _____

Address (Print): _____

Street

City

State

Zip+4

Telephone: Home: _____ **Alternate:** _____

E-Mail Address (Print): _____

Have you been employed by the ONI/NIS/NCIS? ___ Yes ___ No

If Yes, please provide the applicable years: From: _____ **To:** _____

Career Field (S/A, Analyst, Admin etc.) _____

Reason for Departure: (Circle one) Retirement or Resignation

Last Duty Station: _____

For what type of membership are you applying? ___ Regular ___ Associate

(Ref: www.ncisa.org, Association By-Laws, Article II, Section 2 or 3).

Comments: _____

Signature: _____ **Date:** _____

NOTE; Mail this form, along with your annual dues payment of \$35.00 (Payable to NCISA) to Neill Robins, NCISA National Secretary/Treasurer at: 895 E. Red House Branch Rd, St. Augustine, FL, 32084. For questions: E-mail: neillrobins@comcast.net or Phone: 904-217-3058.