



NACVSA Membership Application

Membership is open only to those persons who have passed the NITV Federal Services Certified Examiners Course, who utilize the CVSA, and who are currently Certified CVSA Examiners in good standing.

_____ \$95/three-year Membership

_____/_____/_____
(Last Name) (First Name) (Middle Name)

(Print your Name exactly as you wish it to appear on your Membership Certificate)

(Agency Name)

(Agency Address)

_____/_____/_____
(City) (State) (Zip Code)

(Agency Phone #)

(Member's E-Mail Address)

(Rank)

(Current Duty Assignment)

(Month & Year of your CEC)

(Instructor's Name)

(# of recertification classes attended)

(Month & Year of last recertification)

Mail Application & Dues to: National Association of Computer Voice Stress Analysts
16192 Coastal Highway
Lewes, DE 19958-9776

Toll Free Telephone Number: 1-888-358-5025

Please enclose a check or money order made payable to NACVSA. We do not accept credit cards.

For questions call 1-888-358-5025 or email admin@nacvsa.org. Do not mail cash.