



# USKA POLICE SURVIVAL & DEFENSE INSTITUTE

*Preserve the Peace, Protect The Innocent, Enforce The Law*

30 Years of Training and Service to American Law-Enforcement

## PSDI Membership Application for Law Enforcement – Military – Government Agency Personnel

NOTE: New Applicants – Please include proof, such as a current instructor certification, that you are a trainer or educator of criminal justice personnel. A copy of a current instructor certification and/or a letter from the head of a criminal justice agency, if different than your supervisor, will suffice. If we have any questions, we will verify your credentials.

Please CLEARLY print. It's not what you see, it's what we see that's important, so it is imperative that we be able to read your printing.....PLEASE.

Name \_\_\_\_\_ Rank/Title \_\_\_\_\_  
LAST FIRST MI

Name as Desired on Certificate and Membership Card

\_\_\_\_\_

Agency \_\_\_\_\_

Agency Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if other than US) \_\_\_\_\_

Agency Phone (\_\_\_\_) \_\_\_\_\_ Agency Fax (\_\_\_\_) \_\_\_\_\_

Agency E-Mail \_\_\_\_\_ Agency Web Site \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if other than US) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Personal Web Site \_\_\_\_\_

SEND CORRESPONDENCE TO MY (CIRCLE ONE)      HOME                              AGENCY

As the above person's supervisor, I certify that he/she is assigned to education or training duties, either full or part time, within the criminal justice system.

Name \_\_\_\_\_ Rank/Title \_\_\_\_\_

Signature \_\_\_\_\_

P.S.D.I. Sponsor (if any) \_\_\_\_\_

Sponsor's P.S.D.I. Number \_\_\_\_\_

**PAYMENT INFORMATION**

P.S.D.I. MEMBERSHIP DUES ARE \$50 ANNUALLY (\$60 OUTSIDE CONTINENTAL US)

CHARTER MEMBERS RENEWAL DUES ARE \$45 ANNUALLY (\$55 OUTSIDE CONTINENTAL US)

Method (circle one):    Agency PO Attached      Check/Money Order Enclosed      Credit Card

M/C or VISA Number \_\_\_\_\_ Expiration Date (mm/yyyy) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

**Q U E S T I O N S ?**

**CALL P.S.D.I. HEADQUARTERS AT**

**(330) 753-3114**

**E-MAIL AT: psdi@wkf.org**

**<http://wtf.org/psdi.html>**

**PLEASE SEND COMPLETED FORM TO:**

**P.S.D.I., 1300 KENMORE BOULEVARD**

**AKRON, OHIO 44314 USA**