



KANSAS ASSOCIATION OF HOSTAGE NEGOTIATORS

Membership Application

Name: _____ Dept. I.D. or Badge #: _____

Agency: _____

Agency Address: _____

Agency City: _____ State: _____ Zip: _____

Work Phone: _____ Alt Phone: _____

E-mail: _____ Alt E-mail: _____

How long have you been a Negotiator? _____

Please list any specialized training or incidents that can be used for training:

Please include...

- Copy of your agency credentials showing your ID/Badge number
- Membership Application
- \$15.00 Membership Dues (Checks payable to KAHN)

You can mail to: Kansas Association of Hostage Negotiators
2115 Plymouth Road
Manhattan, Kansas 66503

You can scan and email to: membership@ksnegotiator.com

Signature: _____ Date: _____

Received by: _____ Date: _____