

Sobriety Trained Officers Representing Mississippi

Membership Application

Please Select One

- New Membership
- Renewal
- Information Update Only

Membership Fees are \$50 annually (each May) by check, money order, or cash.

(Please do not send cash by U.S. Postal Service mail).

Name: _____

Last 4 digits of SSN (for BLEOST to credit your education hours): _____

Agency: _____

Mailing Address: _____

Phone(s): _____

Email: _____

Make checks and money orders payable to S.T.O.R.M.

Mailing address:
S.T.O.R.M. Membership
P. O. Box 54365
Pearl, Mississippi 39288

S.T.O.R.M. Office Use Only: Paid: Cash / Check / \$Order Initials: _____ Gave: Pin Y / N Card Y / N
