



MEMBERSHIP APPLICATION

To join the Defense Business Association, please complete this form and return it along with a check for the appropriate amount made payable to:

North Carolina Defense Business Association, P.O. Box 87816, Fayetteville, NC 28304

Organization _____

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

Web site _____

Primary organizational classification (check one)

- | | |
|--|---|
| <input type="checkbox"/> Aerospace
<input type="checkbox"/> Defense
Business/Industry
<input type="checkbox"/> Education
<input type="checkbox"/> Government | <input type="checkbox"/> Homeland Security
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Non-Defense Business
<input type="checkbox"/> Other _____ |
|--|---|

Membership (check one)

- | | |
|----------------------------------|------------------|
| <input type="checkbox"/> \$3,000 | Premium Member |
| <input type="checkbox"/> \$1,000 | Gold Member |
| <input type="checkbox"/> \$500 | Corporate Member |
| <input type="checkbox"/> \$200 | Associate Member |

 Authorized Signature _____
 Date

Speak to a tax advisor to find out if membership fees can be considered as a business expense for your organization.

Office use

Member#	Check #	Date Joined	
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