



## 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

*Credit Card Payments accepted through PayPal at [www.ncdba.com](http://www.ncdba.com)*

Organization \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site \_\_\_\_\_

Primary organizational classification (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Aerospace<br><input type="checkbox"/> Defense<br>Business/Industry<br><input type="checkbox"/> Education<br><input type="checkbox"/> Government | <input type="checkbox"/> Homeland Security<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Non-Defense Business<br><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"/> \$300   | 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 |  |
|---------|---------|-------------|--|