

SURFACE NAVY ASSOCIATION MEMBERSHIP APPLICATION

MEMBERSHIP TIERS

Any business, corporation, or division of a larger corporation can become a Corporate Member. We offer 5 Tiers of Membership. Below are the 5 tier options with recommended company annual revenue in ().

	Select One
Tier I (Under \$40M): 5 Individual Memberships	<input type="checkbox"/> \$1,150
Tier II (\$40M-100M): 10 Individual Memberships	<input type="checkbox"/> \$2,300
Tier III (\$100M-\$1B): 15 Individual Memberships	<input type="checkbox"/> \$3,450
Tier IV (\$1B-\$10B): 20 Individual Memberships	<input type="checkbox"/> \$5,750
Tier V (Greater than \$10B): 25 Individual Memberships	<input type="checkbox"/> \$8,625

CORPORATION INFORMATION

Company Name (Used as Official Name for all Publications):

Street address:		Suite/Apt/Building:	
City:	State:	ZIP Code:	
Company Website:			

POINT OF CONTACT INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:	State:	ZIP Code:	
Phone:	Fax:		
Primary Email:	Alternate Email:		

CEO/PRESIDENT INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:	State:	ZIP Code:	
Phone:	Fax:		
Primary Email:	Alternate Email:		

SYMPOSIUM CONTACT INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

On the following pages please provide information for each member added to your membership. Once completed please email or mail to the following address with payment:

Email: dgarry@navysna.org (payment instructions will be sent via email within 5 business days)

Mail: Surface Navy Association
Attn: Corporate Membership
6564 Loisdale Ct, Ste 318
Springfield, VA 22150

MEMBER 1 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 2 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 3 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 4 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 5 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

Tier I Ends Here. Continue to the next page if Tier II, III, IV, or V.

MEMBER 6 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 7 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 8 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 9 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 10 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:	Alternate Email:		

Tier II Ends Here. Continue if Tier III, IV, or V

MEMBER 11 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:	Alternate Email:		

MEMBER 12 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:	Alternate Email:		

MEMBER 13 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:	Alternate Email:		

MEMBER 14 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 15 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

Tier III Ends Here. Continue if Tier IV or V.

MEMBER 16 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 17 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 18 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 19 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 20 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

Tier IV Ends Here. Continue if Tier V.

MEMBER 21 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 22 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 23 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 24 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	

MEMBER 25 INFORMATION

Name:		Position/Title:	
Street address:		Suite/Apt/Building:	
City:		State:	ZIP Code:
Phone:	Fax:		
Primary Email:		Alternate Email:	