

# 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"/> \$1,000
Tier II (\$40M-100M): 10 Individual Memberships	<input type="checkbox"/> \$2,000
Tier III (\$100M-\$1B): 15 Individual Memberships	<input type="checkbox"/> \$3,000
Tier IV (\$1B-\$10B): 20 Individual Memberships	<input type="checkbox"/> \$5,000
Tier V (Greater than \$10B): 25 Individual Memberships	<input type="checkbox"/> \$7,500

## 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

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

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](mailto: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

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

## MEMBER 2 INFORMATION

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

**MEMBER 3 INFORMATION**

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

**MEMBER 4 INFORMATION**

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

**MEMBER 5 INFORMATION**

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

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

**MEMBER 6 INFORMATION**

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

**MEMBER 7 INFORMATION**

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

**MEMBER 8 INFORMATION**

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

**MEMBER 9 INFORMATION**

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

**MEMBER 10 INFORMATION**

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

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

**MEMBER 11 INFORMATION**

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

**MEMBER 12 INFORMATION**

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

**MEMBER 13 INFORMATION**

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

**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**

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

**MEMBER 19 INFORMATION**

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

**MEMBER 20 INFORMATION**

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

*Tier IV Ends Here. Continue if Tier V.*

**MEMBER 21 INFORMATION**

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

**MEMBER 22 INFORMATION**

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

**MEMBER 23 INFORMATION**

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

**MEMBER 24 INFORMATION**

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

**MEMBER 25 INFORMATION**

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