



2012 Business Associate Membership Application
Navy League Business Associate Membership dues are \$2,000 annually

Full Corporation Name _____

Complete Mailing Address _____

Main Phone _____ Main Fax _____

Website URL _____

Company Profile

Brief description of company products/services:

Number of Employees: _____

Annual Revenue: _____

Name of parent company (if applicable) _____

Are you interested in exhibiting at the Sea-Air-Space Exposition? _____

Were you sponsored by a local Navy League Council? Yes No

If Yes, what is the name of the Council? _____

Additional Notes:

If you need assistance in filling out this form, or if you have any questions about Corporate Membership, please call the Office of Corporate Affairs at (703) 312-1556, or e-mail llassiter@navyleague.org.

Lindsey Lassiter
Manager of Corporate Affairs
Navy League of the United States
2300 Wilson Boulevard
Arlington, VA 22201
Phone: (703) 312-1556
Fax: (703) 528-2333

PAYMENT INFORMATION

I have enclosed a check for \$2,000

Please charge \$2,000 to my (select one): Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Name (as it appears on card): _____

Billing Address: Check here if it is the same as the company address

Company _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip code _____

Country _____

CONTACTS

CEO REPRESENTATIVE:

CEO or President (or their representative) will receive correspondence from the National President of the Navy League and will be invited to special events exclusively for CEOs:

Name: _____

Title: _____

Mailing Address

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

MEMBERSHIP REPRESENTATIVE:

Person who will serve as a membership representative and handle membership invoices and correspondence:

Name: _____

Title: _____

Mailing Address

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

DC REPRESENTATIVE:

Person who will serve as the Washington, DC representative and distribute information on local events:

Name: _____

Title: _____

Mailing Address

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

ADVERTISING REPRESENTATIVE:

Person who is authorized to place advertising for our firm:

Name: _____

Title: _____

Mailing Address

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

PUBLIC RELATIONS/MARKETING REPRESENTATIVE:

Person who is contacted for company information and sponsorship opportunities:

Name: _____

Title: _____

Mailing Address

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

The persons listed above must be re-listed under Membership Information (see page 4) in order to become Navy League members. Otherwise, the individuals listed above will be stored as “non member representatives” on your membership profile.

MEMBERSHIP INFORMATION

The following are to be members of the Navy League through this Business Associate Membership. All will receive membership benefits, *SEAPOW* Magazine and other Navy League publications. Names of regular members may be changed with annual membership renewal. **If you would like the people listed as CONTACTS to receive a Navy League Membership, you must list them below.**

NOTE

*New Navy League members are **not** automatically assigned to a local Navy League council. Members have the option of joining any one of the 250 councils worldwide which will provide ample opportunity to get involved on a local level. Please indicate which council the following new members would like to be assigned. For a full list of councils, please visit http://www.navyleague.org/councils/council_locator.html*

(1) Name: _____

Title: _____

Address: _____

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

Desired Council Assignment: _____

(2) Name: _____

Title: _____

Address: _____

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

Desired Council Assignment: _____

(3) Name: _____

Title: _____

Address: _____

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

Desired Council Assignment: _____

(4) Name: _____

Title: _____

Address: _____

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

Desired Council Assignment: _____

(5) Name: _____

Title: _____

Address: _____

Check here if it is the same as the company address

Email address: _____

Phone Number: _____ Fax Number: _____

Desired Council Assignment: _____

Additional names for regular membership may be added by contacting us. Please include \$50 annual dues for each additional name.