



# Corporate Membership Application

## CONTACT / COMPANY INFORMATION

Complete the following information, listing company name exactly as you wish it to appear in recognition materials.

Membership correspondence will be sent to the contact person listed below.

Company Name \_\_\_\_\_ Website \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

## STEP 2: DUES AND REMITTANCE

Company agrees to pay full membership dues within 30 days of returning signed contract. Membership term is for one calendar year beginning on the first day of the upcoming month after membership dues are received. Company has the option to renew on yearly basis. No refunds or partial refunds are given once membership is instated. Individual Regular Memberships remain active as long as the National Corporate Membership is active. Life Memberships are earned and kept by the company no matter the status of the membership.

REMIT TO:

Navy League of the United States, Dept. of Corporate Affairs, 2300 Wilson Blvd, Suite 200, Arlington, VA 22201

Please contact Navy League POC for wire transfer details.

## STEP 3: LEVEL SELECTION

Please indicate which level of membership your company wishes to participate in. All dues are for annual memberships.

- Business Associate: \$2,000       Corporate: \$5,000       Corporate Gold: \$15,000  
 Small Business: \$1,500       Nonprofit/NGO: \$1,000

## STEP 4: CREDIT CARD PAYMENT

**Check one**    MasterCard    Visa    Amex    Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Sec Code # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

## STEP 5: ACCEPTANCE

Company understands and agrees to the membership dues and benefits for National Corporate Membership with the Navy League of the United States.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Job Title \_\_\_\_\_

### FOR INTERNAL USE ONLY

Administrator's Name \_\_\_\_\_

New Membership ID# \_\_\_\_\_ Completed Membership List Sent & Received:    SENT    RECEIVED

Date Payment was submitted to finance \_\_\_\_\_