

NDIA ACADEMIA CORPORATE MEMBERSHIP APPLICATION

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 522-1820 • (703) 522-1885 Fax • NDIA.org

ORGANIZATION INFORMATION

Organization			
Mailing Address		Address 2	
City	State	Zip	Country
Phone	Website		

ORGANIZATION DESCRIPTION

Please provide a briefing description of the types of defense-related or defense-applicable research your organization conducts.

HOW DID YOUR ORGANIZATION HEAR ABOUT THIS MEMBERSHIP?

Please select one option.

- | | | |
|--------------------------------|------------------------------------|------------------------|
| Defense Acquisition University | NDIA Membership Services Associate | Other |
| Email Received | Publication | Please provide details |
| Internet | WID Chapter | |
| Mailed Information | Word of Mouth | |
| NDIA Chapter | Referrer details | |

KEY REPRESENTATIVE INFORMATION

Your Key Representative is your primary point of contact for your organization. This person is responsible for maintaining your NDIA membership, employee roster*, and dues.

*Academia Corporate Membership includes complementary individual membership for all your staff, and students. To add to your roster, contact membership@NDIA.org

Name <small>Prefix, First, MI, Last, Suffix</small>					
Title			Email		
Street Address			Address 2		
City	State	Zip	Country	Phone	
Government Worker? Yes No		Military Branch		Military Rank – Pay Grade Active Retired	

PRIMARY OCCUPATION

(Check one).

Air Force
Army
Coast Guard
Defense Business/Industry
DoD/MoD Civilian
Education/Academia
Energy
Government Civilian (Non-DOD/MOD)
Healthcare
IT/Cyber
Laboratories/R&D
Manufacturing
Marine Corps
Navy
Non-Defense Business
Professional Services
Space Force
Trade/Professional Assn.
Other _____

JOB FUNCTION

(Check one).

Ambassador/Attaché
Business Development
Consultant
Engineer/Scientist
Enlisted Military
Executive (Pres/VP/CEO/COO)
Legislator/Legislative Aide
Manager
Military Officer
Professor/Instructor/Librarian
Program Manager
Sales/Marketing
Senior Executive Service
Student
Other _____

I consent to receiving marketing emails from NDIA and Affiliates. I can always update my specific preferences and unsubscribe at any time.
To read NDIA & Affiliates' privacy policy, go to: NDIA.org/Privacy-Statement

Yes No

Key Representative
Signature

Key Representative
Name (Please Print Legibly)

Date

MEMBERSHIP DUES

NDIA offers academic institutions a special flat dues rate of \$500 a year. Or sign up for 3 years at \$1200 & save 20% off the annual dues rate.

1 Year \$500 3 Years \$1200

TAX DEDUCTIBILITY & MEMBERSHIP ACTIVATION

NDIA (and NTSA and WID within NDIA) is a 501(c)(3) organization. Payments may be eligible as charitable contributions (less the value of any goods or services received) or as business expenses. Please consult your tax advisor to determine the deductibility of your payment. Membership status is conferred only upon receipt of payment.

PAYMENT INFORMATION

NDIA accepts payment by check (made payable to NDIA), Visa, MasterCard, and American Express. Please complete the payment information and return to NDIA



By email
membership@NDIA.org



By fax with a credit card
(703) 522-1885



By mail to NDIA, 2101 Wilson Blvd
Ste 700, Arlington, VA 22201

Check enclosed made payable to NDIA

VISA

MasterCard

American Express

Check or Charge Amount \$ _____ Name on Card _____

Credit Card number _____ Expiration _____ CW _____

Signature _____ Date _____

I understand that by continuing with this process I will be purchasing an NDIA academic membership on behalf of my organization. I certify that I am authorized to incur these costs on behalf of my organization.

For questions about membership benefits, applications, or payment options, please contact NDIA's Membership Team at membership@NDIA.org or (703) 247-2565