



DAUAA Membership Application



Application Type: NEW OR RENEWAL

First Name: _____ MI: _____ Last Name: _____

Nickname: _____ Grade/Rate: _____

Street: _____ Suite / Apt # / Bldg: _____

City: _____ State: _____ Zip: _____

Salutation: (I.e. Colonel, Mr. Ms. Etc.): _____ Work Phone: _____

Work E-mail: _____ Personal E-mail: _____

Are you employed by the US Government? Army Navy Air Force Marines USCG
 OSD Other Defense Agency Other Federal Agency

Name of Employer/Organization: _____ Job Title: _____

Please list class number or dates: _____

Current or former DSMC or DAU Faculty: Yes No

Please include a DAUAA lapel pin with my membership card. ***Option only available to new members.*

Please send me information on the DAUAA LinkedIn group

NATIONAL MEMBERSHIP OPTIONS:

1 Year Membership \$25

3 Year Membership \$60

I would also like to make a \$_____ donation to the DAUAA Scholarship Fund

CHAPTER MEMBERSHIP OPTIONS: (If selecting a chapter option, must match National # years option)

	1 Year	3 Year
Capitol Area	\$6 <input type="checkbox"/>	\$15 <input type="checkbox"/>
Jacksonville	\$6 <input type="checkbox"/>	\$15 <input type="checkbox"/>
Mid Atlantic	\$6 <input type="checkbox"/>	\$15 <input type="checkbox"/>
Mid West	\$6 <input type="checkbox"/>	\$15 <input type="checkbox"/>
South	\$6 <input type="checkbox"/>	\$15 <input type="checkbox"/>
West	\$6 <input type="checkbox"/>	\$15 <input type="checkbox"/>

PAYMENT INFORMATION

Check (payable to DAUAA) Credit Card

CC#: _____ CC Expiration Date: _____

To receive free "online-only" copies of AT&L Magazine and the Defense Acquisition Research Journal, follow the instructions at www.dauaa.org - under membership.

This Form together with Check should be mailed to:
DAUAA, 6551 Loisdale Ct, Ste 222, Springfield VA 22150