



# 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](http://www.dauaa.org) - under membership.*

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