DAUAA Membership Application
PROMOTION 15 FEB 2019 – 30 APRIL 2019

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.*

NATIONAL MEMBERSHIP OPTIONS:

1 Year Membership $25 ❒

3 Year Membership $50 ❒ **Special Offer: 3 Years for 2 Year Price**

❒ 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 ❒	$15 ❒
Jacksonville	$6 ❒	$15 ❒
Mid Atlantic	$6 ❒	$15 ❒
Mid West	$6 ❒	$15 ❒
South	$6 ❒	$15 ❒
West	$6 ❒	$15 ❒

PAYMENT INFORMATION

❒ Check (payable to DAUAA) ❒ Credit Card

CC#: _____ CC Expiration Date:_____

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