



# 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

I would like to purchase a DAUAA lapel pin at a cost of \$6.35

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: \_\_\_\_\_

GO PAPERLESS: Select paperless option to receive your invoices and membership number via email.

Yes, I select the paperless option.

This Form and Payment should be mailed to: DAUAA, 6564 Loisdale Ct, Ste 318, Springfield VA 22150