



I apply for life membership as indicated below:

Signature _____

Date _____

Please provide missing information.

Member number _____

Name _____

Address _____

City, state, zip _____

Telephone _____

Fax _____

E-mail _____

Name as it should appear on your certificate (please print) _____

Payment options—enclose payment accordingly.

- \$400 (full payment)
- \$100 (four quarterly payments of \$100 each)
- \$80 (five quarterly payments of \$80 each)

Payment method

- Check enclosed (payable to NDIA)
- Credit card. For fastest service, fax credit card payment: 703-522-1885.
- MasterCard Visa
- Diners Club American Express
- Automatic processing of quarterly payments by credit card
- Card no. _____ Exp. Date _____
- Signature _____

OVER

By completing the following, you help us develop membership benefits to meet your needs.

1. Primary occupational classification. Check ONE.

- A. Defense Business/Industry
- B. R&D/Laboratories
- C. Army
- D. Navy
- E. Air Force
- F. Marine Corps
- G. Coast Guard
- H. DOD/MOD Civilian
- I. Gov't Civilian/Non-DOD/MOD
- J. Trade/Professional Assn.
- K. Educator/Academia
- L. Professional Services
- M. Non-Defense Business
- N. Other _____

2. Job Function. Check ONE.

- A. Management/Corporate
- B. Management/General
- C. Engineering/R&D
- D. Engineering Support
- E. Procurement
- F. Test/Evaluation
- G. Production
- H. Maintenance
- I. Data Processing
- J. Training/Simulation
- K. Marketing/Sales
- L. Professional
- M. Education
- N. Computer/Information Systems
- O. Other _____

Return to National Defense Industrial Association ♦ 2111 Wilson Blvd., Suite 400 ♦ Arlington, VA 22201-3061
Telephone (703) 522-1820 ♦ Fax: (703) 522-1825 ♦ www.ndia.org