



I apply for life membership as indicated below:

*Signature _____
Date _____
NDIA Master ID/Membership # _____
Name _____
Address _____
City, state, zip _____
Telephone _____
Fax _____
E-mail _____

*By your signature above, you consent to receive communications sent by or on behalf of NDIA, its Chapters, Divisions & affiliates (NTSA, AFEI, PSA, WID) via regular mail, e-mail, telephone, or fax. NDIA, its Chapters, Divisions & affiliates does not sell data to vendors or other organizations.

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

Life membership dues: \$400

Payment method

- Check enclosed (payable to NDIA)
Credit card. You may return by fax to 703-522-1885. Or sign up on line: http://www.ndia.org/login
MasterCard Visa
Diners Club American Express
Automatic processing of quarterly payments by credit card
Card no. Exp. Date

Signature _____

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

1. Primary occupational classification. Check ONE.

- Defense Business/Industry
R&D/Laboratories
Army
Navy
Air Force
Marine Corps
Coast Guard
DOD/MOD Civilian
Gov't Civilian/Non-DOD/MOD
Trade/Professional Assn
Educator/Academia
Professional Services
Non-Defense Business
Other

2 Job Function Check ONE

- Management/Corporate
Management/General
Engineering/R&D
Engineering Support
Procurement
Test/Evaluation
Production
Maintenance
Data Processing
Training/Simulation
Marketing/Sales
Professional
Education
Computer/Information Systems
Other
Retired

Return to National Defense Industrial Association ♦ 2111 Wilson Blvd, Suite 400 ♦ Arlington, VA 22201-3061
Telephone (703) 522-1820 ♦ Fax: (703) 522-1885