



MEMBERSHIP APPLICATION

Community / State Basic Membership: \$450

Civic organizations in this category have a public-focused mission of supporting the military, installations and defense activities in their communities, regions and states. They consist of military support organizations at the community, regional and state level, including (but not limited to) military-community partnering organizations, local/state government and chambers of commerce.

Industry Membership: \$1,700

This category is for private organizations, which includes contractors, consultants or research organizations opportunities to support DoD, communities, states and related groups. Organizations may be for profit or not for profit, but have an interest in supporting and advancing issues that are important to defense communities and the military.

Affiliate Membership: \$450

Approval Required. Interested organizations who do not fit the categories above can apply for ADC's Affiliate Membership category.

Small Business Memberships: \$850

Approval Required. For qualified small businesses only. Contact ADC for more information.

Please complete this application form and send it to membership@defensecommunities.org

Once we receive your application, an invoice will be sent for the membership payment.

Application Date:

Admin Contact Name:

Phone:

Email:

To maintain ADC membership, **an annual contribution is required.** The contribution amount is given in the table above, by the membership you have selected. Reminders/invoices for annual membership contributions will be sent to the primary and admin contacts.

We have **two membership cycles** for reminders/invoices, Winter and Summer. A reminder/invoice for your contribution will be sent to the admin and primary contacts via email at least one month before the end of the cycle. The cycle you are on is determined by when this membership application is received:

Application Received	Reminder / Invoice Cycle
October 1 – March 31	Winter
April 1 – September 30	Summer

Membership Primary Contact

Name:

Title:

Organization:

Address:

City:

State / Commonwealth / Territory:

Zip Code:

Phone:

Email: