



Membership Application

The NCDBA is committed to ensuring your privacy is protected. The information you provide will not be shared with any third party group or distributed in a way that will link information that can identify any individual or business. Aggregated demographic information will be published to provide data on the economic impact the NCDBA members have in North Carolina. Thank you!

PLEASE TYPE OR PRINT

Membership Level (please select one)	<input type="checkbox"/> \$5,000 Council <input type="checkbox"/> \$3,000 Premium <input type="checkbox"/> \$1,000 Gold <input type="checkbox"/> \$500 Corporate <input type="checkbox"/> \$300 Associate
Business Name	_____
Primary Representative	Name: _____ Phone: _____ Email: _____
2d Representative (Corporate Level & Above)	Name: _____ Phone: _____ Email: _____
3d Representative (Gold Level & Above)	Name: _____ Phone: _____ Email: _____
4th Representative (Premium & Council Level)	Name: _____ Phone: _____ Email: _____
5th Representative (Premium & Council Level)	Name: _____ Phone: _____ Email: _____
Mailing Address	_____
Billing Address	_____
Corporate HQ Address	_____
Fax / Website	Fax: _____ Website: _____
How did you learn about the NCDBA	<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other <input type="checkbox"/> Referred by: _____
Primary Organization Classification (Please select one)	<input type="checkbox"/> Aerospace <input type="checkbox"/> Homeland Security <input type="checkbox"/> Manufacturing <input type="checkbox"/> Education <input type="checkbox"/> Government <input type="checkbox"/> Products/Services <input type="checkbox"/> Defense Business/Industry
Employee Information	# of Employees _____ # of Employees who work in NC _____ Annual Revenue _____
DoD Contractor (if applicable)	# of contracts: Prime Contractor _____ Subcontractor _____ Annual DOD Revenue _____
MEMBERSHIP INVESTMENT	
Membership Investment:	\$ _____
Method of Payment:	PayPal _____ NCDBA Website _____ Check #: _____ Date: _____
Authorized Signature	_____ Date _____
<small>Speak to a tax advisor to find out if membership fees can be considered as a business expense for your organization.</small>	
Mail to: NCDBA , PO Box 3129, Pinehurst, NC 28374 Email to: admin@ncdba.com	

Office use only: Member # _____ Check # _____ Date Joined: _____