



## 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*

<b>Membership Level</b> (please select one)	<input type="checkbox"/> \$6,000 Council <input type="checkbox"/> \$3,600 Premium <input type="checkbox"/> \$1,200 Gold <input type="checkbox"/> \$600 Corporate <input type="checkbox"/> \$360 Associate
<b>Business Name</b>	
<b>Primary Representative</b>	Name: _____ Phone: _____    Email: _____
<b>2d Representative</b> (Corporate Level & Above)	Name: _____ Phone: _____    Email: _____
<b>3d Representative</b> (Gold Level & Above)	Name: _____ Phone: _____    Email: _____
<b>4th Representative</b> (Premium & Council Level)	Name: _____ Phone: _____    Email: _____
<b>5th Representative</b> (Premium & Council Level)	Name: _____ Phone: _____    Email: _____
<b>Mailing Address</b>	
<b>Billing Address</b>	
<b>Corporate HQ Address</b>	
<b>Fax / Website</b>	Fax: _____    Website: _____
<b>How did you learn about the NCDBA</b>	<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other <input type="checkbox"/> Referred by: _____
<b>Primary Organization Classification</b> (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
<b>Employee Information</b>	# of Employees _____            # of Employees who work in NC _____            Annual Revenue _____
<b>DoD Contractor (if applicable)</b>	# of contracts:            Prime Contractor _____            Subcontractor _____            Annual DOD Revenue _____
<b>Membership Investment: \$ _____</b>	
<b>Method of Payment: PayPal _____ NCDBA Website _____ Check #: _____ Date: _____</b>	
<b>Authorized Signature _____ Date _____</b> <small>Speak to a tax advisor to find out if membership fees can be considered as a business expense for your organization.</small>	
<b>Mail to: NCDBA , PO Box 3129, Pinehurst, NC 28374      Email to: admin@ncdba.com</b>	

**Office use only:** Member # \_\_\_\_\_ Check # \_\_\_\_\_ Date Joined: \_\_\_\_\_