



ASSOCIATION OF THE UNITED STATES ARMY

2425 Wilson Blvd, Arlington, VA 22201 | 703-907-2614 | www.ausa.org

NATIONAL PARTNER APPLICATION

COMPANY INFORMATION (Required)

COMPANY NAME		
COMPANY ADDRESS		
CITY	STATE/ COUNTRY	ZIP/POSTAL CODE
COMPANY WEBSITE	COMPANY MAIN PHONE	

POINT OF CONTACT (Required)

NAME	TITLE	
COMPANY ADDRESS (IF DIFFERENT)		
CITY	STATE/ COUNTRY	ZIP/POSTAL CODE
EMAIL	PHONE	

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Required)

NAME	TITLE	
COMPANY ADDRESS (IF DIFFERENT)		
CITY	STATE/ COUNTRY	ZIP/POSTAL CODE
EMAIL	PHONE	

COMPANY DETAILS

Year Founded: _____ Small Business: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Employees (Company Size): <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-999 <input type="checkbox"/> 1000+ Type of Business (select all that apply): <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Consulting	Type of Organization (select all that apply): <input type="checkbox"/> Education <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Non-Profit Organization Parent Company (if applicable): _____	Business Category (select all that apply): <input type="checkbox"/> Aerospace <input type="checkbox"/> C4ISR <input type="checkbox"/> Land Equipment <input type="checkbox"/> Logistics & Support <input type="checkbox"/> Military Overall <input type="checkbox"/> Missile & Munitions <input type="checkbox"/> Soldier Systems <input type="checkbox"/> Other: _____ Subsidiary Companies (if applicable): _____
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METHOD OF PAYMENT (AUSA dues are not tax deductible as a charitable contribution but may be deductible as a business expense).

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Check (payable to Association of the U.S. Army) <input type="checkbox"/> Please send an invoice to the email listed below I authorize AUSA to charge the \$7,000 membership fee to the following:																																						
<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Card no.																						<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> MO / YR Card Expires					<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> CVV					<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Billing Zip code						
_____ CARDHOLDER NAME		_____ EMAIL																																				

The undersigned applies for membership in the Association of the United States Army (AUSA) National Partner Program, certifies that all statements made in this application are correct, and, if accepted for membership, agrees to abide by the Association's Bylaws and Code of Ethics. The undersigned also consents to regular contact from AUSA and its affiliates in accordance with AUSA's data protection policy at www.ausa.org/privacy-policy.

SIGNATURE

DATE

Questions? Contact Lynette Nichols | 703-907-2614 | lnichols@ausa.org