



NATIONAL PARTNER APPLICATION

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

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).

MasterCard Visa Amex Check (payable to Association of the US Army) Please send an invoice to the email listed below

I authorize AUSA to charge the **\$7,000.00** membership fee to the following

MO / YR			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Expires	CVV	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. 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 | Inichols@ausa.org