



ASSOCIATION OF THE UNITED STATES ARMY

Voice for the Army – Support for the Soldier

AUSA SUSTAINING MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name: _____

Corporate Address: _____

City: _____ State: _____

Zip/Postal Code/Country: _____

Company Website: _____

Company Main Phone: _____

MEMBERSHIP POINT OF CONTACT

Name: _____

Title: _____

Address (if different): _____

City: _____ State: _____

Zip/Postal Code/Country: _____

Phone Number: _____

Email: _____

CHIEF EXECUTIVE OFFICER or PRESIDENT

Name: _____

Title: _____

Address (if different): _____

City: _____ State: _____

Zip/Postal Code/Country: _____

Email: _____

Fill your AUSA Roster with up to 50 Designees!

We encourage all Sustaining Members to use their full authorization of 50 cardholder designees. To take advantage of this opportunity, please provide us with a list with each designee's name, title, mailing address, and email. Membership benefits are located on our website, www.AUSA.org

SUBMIT TO:

For questions and application submission, please contact:
Lynette Nichols
Sustaining Membership Program Manager
Phone: 703-907-2614
Email: LNichols@ausa.org

BUSINESS DETAILS

Year Founded: _____ Small Business: Yes No

Type of Organization:

- Sole Proprietorship Partnership Corporation
- Limited Liability Company (LLC) Education
- Non-Profit Organization Government

Type of Business:

- Service Manufacturing Consulting

Number of Employees (Company Size):

- 1-9 10-49 50-99 100-999 1000+

Business Category (select all that apply):

- Aerospace C4ISR Land Equipment
- Logistics & Support Military Overall Missile & Munitions
- Soldier Systems Other _____

Parent Company: _____

Subsidiary Companies: _____

PAYMENT INFORMATION:

(AUSA dues are not tax deductible as a charitable contribution but may be deductible as a business expense).

Select method of payment:

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

I authorize AUSA to charge the membership fee of \$6,000.00 to the following account (please print).

Card Number: _____

Ex. Date: ____/____/____ CVV: _____ Billing Zip-Code: _____

Cardholder Name: _____

Email: _____

The undersigned applies for membership in the Association of the United States Army's Sustaining Membership 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.

Signature: _____ Date: _____