



THE MINE WARFARE ASSOCIATION
Concerning All Aspects of
Naval Mine Warfare and Explosive Ordnance Disposal



CORPORATE MEMBERSHIP APPLICATION

CORPORATION: _____

STREET: _____

BLDG/SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

POC INFO

FIRST NAME: _____ MI: _____ LASTNAME: _____

EMAIL 1: _____ EMAIL 2: _____

PHONE: _____ ALT PHONE: _____

PLEASE CHECK APPROPRIATE MEMBERSHIP LEVEL

BENEFITS	<input type="checkbox"/> PLATINUM	<input type="checkbox"/> GOLD	<input type="checkbox"/> SILVER	<input type="checkbox"/> BRONZE
	\$5,000 Annually	\$2,000 Annually	\$1,000 Annually	\$500 Annually
Annual Memberships	6	5	4	2
Members Receive Newsletter	Yes	Yes	Yes	Yes
Logo recognition in each MineLines Issue and on website	Yes	Yes	Yes	Yes
Opportunity to place article in MineLines	200 word	150 words	100 words	75 words
Reduced Rate to Attend Conferences	Members attending receive discount on fees	Members attending receive discount on fees	Members attending receive discount on fees	Members attending receive discount on fees
Exhibit Opportunities at Conferences	Yes – No charge	Yes – Reduced Fee	Yes – Reduced Fee	Yes – Reduced Fee
Recognition in Conference Program	Yes	Yes	Yes	Yes

Please provide names and contact information for members on reverse of this application

Please mail check and completed application to:

Corporate Membership
Mine Warfare Association
6551 Loisdale Ct, Suite 222
Springfield, VA 22150

**THE MINE WARFARE ASSOCIATION
CORPORATE MEMBERSHIP APPLICATION**

MEMBERS

1

RANK: _____ FIRST NAME: _____ LASTNAME: _____

STREET: _____

BLDG/SUITE: _____ COUNTRY: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL 1: _____ PHONE: _____

2

RANK: _____ FIRST NAME: _____ LASTNAME: _____

STREET: _____

BLDG/SUITE: _____ COUNTRY: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL 1: _____ PHONE: _____

3

RANK: _____ FIRST NAME: _____ LASTNAME: _____

STREET: _____

BLDG/SUITE: _____ COUNTRY: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL 1: _____ PHONE: _____

**THE MINE WARFARE ASSOCIATION
CORPORATE MEMBERSHIP APPLICATION**

MEMBERS (Continued)

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RANK: _____ FIRST NAME: _____ LASTNAME: _____
STREET: _____
BLDG/SUITE: _____ COUNTRY: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL 1: _____ PHONE: _____

5

RANK: _____ FIRST NAME: _____ LASTNAME: _____
STREET: _____
BLDG/SUITE: _____ COUNTRY: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL 1: _____ PHONE: _____

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RANK: _____ FIRST NAME: _____ LASTNAME: _____
STREET: _____
BLDG/SUITE: _____ COUNTRY: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL 1: _____ PHONE: _____