MEMBERSHIP APPLICATION



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COMPANY INFORMATION		
Company Name:		Date:
Street Address:		
City:State: Posta	l Code:	
Number of Employees (Regional):	Business Type:	
How did you hear about us?		
MAIN POINT OF CONTACT INFORMATION		
Name:Title	:	
Email: Main Phone		
MEMBERSHIP INFORMATION		
PARTNER PROGRAM	MEMBERSHIP	
Mission Partner \$10,000 Patriot Partner \$3,000 (includes membership dues)	4 Star Membership \$2,500 Over 200 local employees	2 Star Membership \$750 10-50 local employees
5 Star Partner \$5,000 (includes membership dues)	3 Star Membership \$1,250 51-200 local employees	1 Star Membership \$395 Less than 10 local employees
BILLING INFORMATION (if different from above)	1	
Billing Point of Contact:	Title:	
Email:	Phone:	
Billing Address:		
City: State: Postal	Code: Please ch	eck here if you prefer to be invoiced
Email this completed form to: director@ftmeadealliance.org or fax to 443-926-	9175. Or mail this form with payment to: 74	67 Ridge Rd., Suite 220, Hanover, MD 21076
ADDITIONAL INFORMATION		
If other members of your organization wish to receive FMA news and info Name & Title	rmation, please provide their names belov Email:	W:
Are you interested in learning more about the FMA Foundation?	Yes 🔲 No	

 $The Fort \, \textit{Meade Alliance is supported by membership dues and through an annual grant from the \textit{Maryland Department of Commerce}. \\$