



**THE  
ARMY ENGINEER ASSOCIATION  
SUPPORTING FIRM MEMBER (SFM)**

**National Level  
New Member and Renewal application form**

Name of Firm : \_\_\_\_\_

Firm's Website: http://www.\_\_\_\_\_.

<b>Firms Larger Than 250 Employees:</b> ____ Annual - New or Renewal: \$500.00 ____ Permanent: \$3,000.00
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<b>Firms Smaller Than 250 Employees</b> ____ Annual - New or Renewal: \$250.00 ____ Permanent: \$1,500.00
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List three individuals (in priority within your firm) to be on our mailing list for correspondence and magazine subscription.

Please type or print clearly: Provide full proper First Name, Middle Initial, Last Name.

<b>Main Point of Contact: (Priority 1) Receives notices of all programs and functions.</b>			
Full	Preferred	Position	
Name: _____	Name: _____	Title: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____ - _____	Phone: _____
Email: _____			Fax: _____

<b>Alternate Point of Contact: (Priority 2)</b>			
Full	Preferred	Position	
Name: _____	Name: _____	Title: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____ - _____	Phone: _____
Email: _____			Fax: _____

<b>Alternate Point of Contact: (Priority 3)</b>			
Full	Preferred	Position	
Name: _____	Name: _____	Title: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____ - _____	Phone: _____
Email: _____			Fax: _____

Additional representatives may join as individuals for the annual fee of \$25.00. Provide complete information.

\_\_\_\_ Check # \_\_\_\_\_ is enclosed, or,

\_\_\_\_ Charge (circle one) AE / MC / VISA Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Print name exactly as shown on the card: \_\_\_\_\_

I authorize a charge of \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Mail/Fax this application (with appropriate payment): Mail to: Army Engineer Association, Attn: SFM Coordinator, PO Box 30260, Alexandria VA 22310-8260, Fax: (703) 428-6043