



## Surface Navy Association

### Corporate Membership

Corporate Name: \_\_\_\_\_

The person receiving the life membership in the Surface Navy Association is: (This membership is not transferable.)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please enroll the following as members in the Surface Navy Association in conjunction with this corporate sponsorship: (Small & Individual Division Businesses=5, Medium Business=10, Large Business=15)

1) Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3) Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_