



MEMBERSHIP APPLICATION

Company Name _____

Contact Name _____

Title _____

Mailing Address _____

City _____

State _____

Zip _____

Website _____

Phone _____

Fax _____

Email _____

Type of Business _____

of Arkansas Employees _____

The **Arkansas Aerospace & Defense Alliance** is a group of public and private aerospace companies, government agencies and educational institutions dedicated to growing the aerospace, aviation and defense infrastructure in Arkansas and training a qualified workforce.

Please send completed membership form and payment to: Arkansas Aerospace & Defense Alliance, Attn: Chad Causey, P.O. Box 176, Little Rock, AR. 72203. If paying by credit card, please include billing address. For additional information, contact Executive Director Chad Causey at 501-725-1220 or ccausey@arkansasaerospace.com.

TYPE OF MEMBERSHIP: Please check one

- ___ **President's Circle:** \$5,000 annually
- ___ **Executive Level:** \$3,000 annually
- ___ **Level 1:** Up to 10 full-time employees, \$350 annually
- ___ **Level 2:** Up to 50 full-time employees, \$500 annually
- ___ **Level 3:** Up to 150 full-time employees, \$750 annually
- ___ **Level 4:** Up to 250 full-time employees, \$1,250 annually

METHOD OF PAYMENT

___ Check Enclosed (Make payable to Arkansas Aerospace & Defense Alliance)

Charge my: ___ AMEX ___ Discover ___ MasterCard ___ Visa Security Code _____

Card # _____ Exp. Date _____ Signature _____