



DIAA Membership Application 2024

_____ New Membership _____ Renewal

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

E-Mail: _____

Can we give your name to other DIAA, Inc. members?	YES	NO
Would you like to be listed in the DIAA Directory?	YES	NO
Can we list your information in the DIAA ONLINE "Members Only" directory?	YES	NO

Volunteering: Would you be willing to volunteer to help DIAA, Inc. with:

Newsletter	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Membership	<input type="checkbox"/>
Office work	<input type="checkbox"/>	Budget	<input type="checkbox"/>	Legal advice	<input type="checkbox"/>
Computer	<input type="checkbox"/>	Directory	<input type="checkbox"/>	Luncheons	<input type="checkbox"/>
Work Forums	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>		

History: *If you have filled this out in the past, no need to complete.*

Status:	Retiree _____	Length of Service at DIA _____
	Employee _____	Retirement/Reassignment Date _____
		Last DIA Element _____
Military Service	YES NO	Rank _____
		Service _____

Annual Membership Dues: \$38 **New Retiree \$25**

Donation: _____

Total Amount _____

Please make checks out to DIAA, Inc. and mail to:
DEFENSE INTEL ALUMNI ASSOCIATION, INC.

256 Morris Creek Road
Cullen, Virginia 23934