



DIAA Membership Application 2017

_____ New Membership _____ Renewal

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Fax: _____ 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 Work	<input type="checkbox"/>	Directory	<input type="checkbox"/>	Luncheons	<input type="checkbox"/>
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	<input type="text"/>
		Service	<input type="text"/>

Annual Membership Dues: **\$35**
Donation: _____
Total Amount _____

Please make checks out to DIAA, Inc. and mail to:
DEFENSE INTEL ALUMNI ASSOCIATION, INC.
 PO Box 354, Charlotte Court House, VA 23923
 Phone: 571.426.0098 Email: Admin@diaalumni.org
 www.diaalumni.org