DIAA Membership Application 2018

_____ 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		Fundraising		Membership	
Office work		Budget		Legal advice	
Computer Work		Directory		Luncheons	
Forums		Mentoring			

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

Status Retiree
Employee

Length of Service at DIA _____
Retirement/Reassignment Date _____
Last DIA Element _____

Military Service YES NO

Rank	
Service	

Annual Membership Dues: **$38**
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