



DIAA Membership Application 2021

_____ 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: \$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