

APPLICATION FOR ORGANIZATIONAL MEMBERSHIP

This application is for (please check one) New Membership Renewal Upgrade

Organization Name _____

Date _____ URL _____

May USGIF link to your URL when marketing your organization as a member of USGIF? Yes No

LOGISTICS POC

This will be the the primary membership contact to initiate/process renewals, provide POC updates, and perform other logistical functions.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

MEMBERSHIP OPTIONS

	JOIN	RENEW
Strategic Partner	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000
Associate Partner	<input type="checkbox"/> \$12,000	<input type="checkbox"/> \$6,000
Sustaining Partner	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500
Academic Partner	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500
Small Business Partner	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,250

Upgrade Fees - \$	Total Due - \$
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All memberships are for one (1) year.

Renewal date is based on the anniversary date of the month you joined.

Visit usgif.org/membership for additional details and a full list of benefits.

PAYMENT INFORMATION

Check (Please make all payments payable to USGIF in US Funds.)

EFT PO # _____

Credit Card VISA MasterCard AMEX

Credit Card # _____ Exp _____

Print Name (as it appears on card) _____

Billing Address (where statement is sent) _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Card Holder's Signature _____ Date _____

The card holder's signature indicates that (1) the issuer of the card identified above is authorized by the cardholder to pay the total due as shown in the MEMBERSHIP OPTION, (2) that the card holder promises to pay such amount subject to and in accordance with the agreement governing the use of such card, and (3) the United States Geospatial Intelligence Foundation is authorized to charge the credit card number listed above for the listed amount.

This section must be filled out if paying by credit card

Total Membership Fee: \$ _____

Please add the 3% Administrative Fee if paying by credit card: \$ _____

Total amount to be charged to card: \$ _____

Please email completed form to membership@usgif.org.

If necessary, you may fax the form to (703) 793-9069 or mail to the address below.



ADDITIONAL POINTS OF CONTACT

USGIF requests this information to ensure that notices regarding future opportunities are directed to the correct people at your organization.

SENIOR MEMBERSHIP POC

For senior level engagement and special invitations to executive level events.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

ADVERTISING POC

For advertising opportunities in USGIF publications (print and web).

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

EXHIBIT & SPONSORSHIP POC

For USGIF events with exhibiting and sponsorship opportunities.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

HUMAN RESOURCES/RECRUITING POC

For career fairs, career information, and job posting through USGIF.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

MARKETING POC

To assist with marketing functions: providing logos, providing/verifying marketing copy, etc.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

PUBLIC RELATIONS POC

To share your company news, announcements, and press releases with USGIF and trajectory magazine.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

TECHNICAL POC

A current GEOINT practitioner prepared to engage in technical tradecraft discussions (Not Business Development).

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

SCIENCE POC (Academic Partners Only)

For Academic Partners to identify their geospatial intelligence program lead.

Name _____

Job Title _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____