



Affiliate Member

FY18 Membership Application Form

October 1, 2017 - September 30, 2018

ORGANIZATION INFORMATION	
Org. Name	
BILLING ADDRESS	
Street:	City:
State:	ZIP Code:
Main Phone:	Website:

PRIMARY CONTACT		SECONDARY CONTACT	
Name		Name	
Email		Email	
Title		Title	
Work Phone		Work Phone	

Membership Dues for FY18: \$790

Once you complete and submit your application, we will prepare an invoice for you. Please submit this form via email or fax.

Email: Bobby Tillett, Member Services Coordinator, btillet@corpsnetwork.org | **Fax:** 202-737-6277

Please list any additional staff at your organization that may be interested in receiving The Corps Network's weekly newsletter for our members (includes news updates from our members, information about funding opportunities, etc.)

NAME	TITLE	EMAIL ADDRESS