



HAMA MEMBERSHIP APPLICATION

Submission of this application does not constitute membership. Your application will be reviewed by the HAMA Executive Committee to determine if the Association's membership criteria is met. Following the review, applicants will be notified as to acceptance of their application for membership.

This membership is to be considered (Please check one): Company Owned Personally Owned

Last Name: _____ First Name: _____ MI: _____

Name on Badge: _____

Company Name: _____ Title: _____

Website Address: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____ Check if same as business address:

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Membership Status: New Renewal Update If Previous member, specify date: _____

Please describe how your company participates in the aerospace and defense markets:

Payment Information (Please send checks to the address listed below)

I have enclosed my check number _____ in the amount of \$ _____ . Today's Date: _____