



PNDC 2009 MEMBERSHIP APPLICATION

DATE:			
COMPANY INFORMATION			
COMPANY NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
WEBSITE:			
BRIEF DESCRIPTION OF COMPANY:			
CONGRESSIONAL REPRESENTATIVE:			
COUNTY OF PRIMARY OPERATIONS:			
CONTACT INFORMATION			
PRIMARY CONTACT:		TITLE:	
PHONE:	E-MAIL:	FAX:	
ADDRESS (IF DIFFERENT FROM ABOVE):			
MEMBERSHIP INFORMATION			
PRIMARY AREAS OF DEFENSE AND HOMELAND SECURITY WORK:			
NUMBER OF EMPLOYEES:			
ANNUAL FEES FOR 2008 ARE CALCULATED BASED ON THE SIZE OF THE FIRM. PLEASE CHOOSE THE OPTION THAT BEST DESCRIBES YOUR COMPANY.			
PAYMENT INFORMATION			
CHECK. PLEASE MAKE CHECKS PAYABLE TO: PNDC 2828 SW CORBETT AVE., SUITE 115 PORTLAND, OR 97201			
CREDIT CARD. TO PAY BY CREDIT CARD PLEASE VISIT: HTTP://WWW.PNDC.US/NEWMEMBERPMT2.HTM OR CALL SUZANNE LAM AT 503-725-2384			
PLEASE SEND INVOICE TO ADDRESS LISTED ABOVE.			
HOW DID YOU HEAR ABOUT US?			
WEBSITE	WORD OF MOUTH	SPONSORSHIP	OTHER _____