



**E\_MAIL FORM TO AND PRINT THIS FORM**

Please register with the Alliance for National Defense by either printing and mailing or e-mailing utilizing this completed Registration Form.

**Last Name:**

**First Name:** Initial:

**Civilian title** Mr. Mrs. Ms. Dr.

**Military title:** Pay grade: Rank: Service:

**Status:** Active Duty: Reserve/NG: Retired:

**Address:**

**City:**

**State:** Zip Code:

**E-Mail:**

**Phone**  
Home: Work:  
New Renewal

**Donation (Suggested)**

- |                      |                    |
|----------------------|--------------------|
| \$1,000 – Benefactor | \$ 500 – Patron    |
| \$ 250 – Sponsor     | \$ 100 – Supporter |
| \$ 50 – Contributor  | \$ 25 – Student    |
| \$                   | Other              |

Special issues of interest/concern:

Are you interested in volunteering? Yes No

Comments: