

Application for Membership in The Military Coalition (TMC)

[Please print or type. Use separate sheet of paper if necessary]

1. FULL NAME AND ADDRESS OF ORGANIZATION:

2. PURPOSE OR MISSION (Please quote directly from your organization's constitution or bylaws)

3. FOUNDING DATE:

4. IRS CODE:

5. IF INCORPORATED PROVIDE (Date _____ City/State _____)

6. NO. OF MEMBERS:

INDIVIDUAL MEMBERS _____

CORPORATE MEMBERS _____

7. LOCATION OF NATIONAL HEADQUARTERS (Address in full, including telephone, fax, and e-mail):

8. CONTACT INFORMATION FOR CEO/COO/Pres. (Address in full, including telephone, fax, and e-mail if different from 7 above):

9. PRINCIPAL CONTACT (If different than 8 above):

10. OTHER REPRESENTATIVES: (Use separate sheet of paper if necessary. Please provide same information as required in item 9 above)

11. REASON ORGANIZATION IS REQUESTING MEMBERSHIP IN TMC:

12. WHAT CAN THE ORGANIZATION CONTRIBUTE TO THE FUTURE OF TMC?:

13. CATEGORY OF TMC MEMBERSHIP.

As indicated in Article III. Section 3, an organization, whose application for TMC Membership is approved by the membership, must spend one year as a “Supporting Organization” (as defined in Article V. of the Membership Agreement. At the end of one year, upon application, it shall be considered for membership in “Affiliate” or “Corporate” status.

Corporate membership entitles organization to full voting rights as a member of the Board of Directors and it may hold any elected position in the Coalition’s organizational structure.

Affiliate Membership does not entitle an organization to sit on the Board of Directors nor is it eligible to vote on corporate matters. It may be elected to any position of responsibility in the Coalition other than Coalition Co-Chairman.)

14. AGREEMENT TO BECOME A SUPPORTING ORGANIZATION IN TMC. We agree with this requirement and request that you proceed with the consideration of our application.

15. EACH ORGANIZATION'S REPRESENTATIVE MUST SERVE ON AT LEAST ONE TMC COMMITTEE OF HIS OR HER CHOOSING. PLEASE LIST NAME(S) AND COMMITTEE SELECTION(S) BELOW. Standing Committees are:

- * Guard and Reserve
- * Health Care
- * Retired Affairs
- * Taxes/Social Security
- * Military Personnel/Compensation/Commissaries
- * Military Construction/MWR/Exchanges
- * Survivor Programs
- * Veterans

16. IS THE ORGANIZATION REPRESENTATIVE(S) PREPARED TO ATTEND REGULAR-SCHEDULED MEETINGS OF THE COALITION AS WELL AS A MAJORITY OF COMMITTEE MEETINGS, AS REQUIRED BY THE MEMBERSHIP AGREEMENT? YES _____ NO _____

"THE _____, AS APPROVED BY THE ORGANIZATION'S
(Enter name of organization)
GOVERNING BODY, HEREBY AFFIRMS IT HAS READ THE MILITARY COALITION MEMBERSHIP AGREEMENT (AS AMENDED ON January 8, 2009). IF ACCEPTED FOR MEMBERSHIP, _____ RESOLVES TO ABIDE BY THAT AGREEMENT."

Signature of CEO/COO/Pres:

_____ DATE: _____

PRINT NAME AND TITLE:

COMPLETED MEMBERSHIP APPLICATIONS MUST BE SUBMITTED TO...

Coordinator
The Military Coalition

**125 N. West St.
Alexandria, VA 22314-2754**

...USING THE FOLLOWING EMAIL ADDRESS ONLY: ED@FRA.ORG. MAILED APPLICATIONS WILL NOT BE ACCEPTED.