



## Membership Application for The Military Coalition (TMC)

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

1. FULL NAME AND ADDRESS OF YOUR ORGANIZATION:

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

3. FOUNDING DATE:

4. IRS CODE:

5. IF INCORPORATED, PLEASE PROVIDE INCORPORATION INFORMATION:

Date \_\_\_\_\_

City/State \_\_\_\_\_

6. NUMBER OF MEMBERS IN YOUR ORGANIZATION:

INDIVIDUAL MEMBERS \_\_\_\_\_

CORPORATE MEMBERS \_\_\_\_\_

7. WHAT ARE YOUR ORGANIZATION'S PRIMARY SOURCES OF REVENUE?

8. LOCATION OF NATIONAL HEADQUARTERS (Please provide full address, telephone and fax numbers, and e-mail address):

9. ADDRESS OF WASHINGTON DC-AREA BUSINESS OFFICE (Per Article III, Section 1 of the TMC membership agreement, a local business office and at least one full-time paid employee are prerequisites for TMC membership):

10. CONTACT INFORMATION FOR CEO/COO/Pres. (Please provide name, full address, telephone and fax numbers, and e-mail address):

11. PRINCIPAL CONTACT AT WASHINGTON DC-AREA BUSINESS OFFICE (Please provide name, full address, telephone and fax numbers, and e-mail address if different from 9 above):

12. OTHER ORGANIZATION REPRESENTATIVES WHO WOULD ATTEND OR PARTICIPATE IN TMC MEETINGS/COMMITTEES/ACTIVITIES: (Use separate sheet of paper if necessary. Please provide same information as required in item 10 above)

13. HOW WILL YOUR ORGANIZATION CONTRIBUTE TO THE ACTIVITIES AND MISSION OF TMC?

14. AGREEMENT TO BECOME A SUPPORTING ORGANIZATION IN TMC. We understand and agree that, per Article III, Section 3 of the TMC membership agreement, all newly approved applicants must spend one year as a "Supporting Organization" (as defined in Article IV of the Membership Agreement). At the end of one year, a Supporting Organization may apply for regular TMC membership in accordance with Article III, Section 3.

15. AGREEMENT TO TMC PARTICIPATION.

A. We understand that the strength of the Coalition arises from joint support of members' common goals, and that the expectation is that Coalition Members and Supporting Organizations will work in a united way to support the full range of Coalition goals for the entire uniformed services and veterans community, and not just those elements that specifically affect our organization's members. In supporting each other's goals, each Coalition organization gains by broadening support for its own goals.

B. We understand and agree that a member of the organization must attend at least four of every six monthly TMC meetings.

C. We agree that at least one member of the organization shall participate as a member of at least one of TMC's Standing Committees:

- \* Guard and Reserve
- \* Military Personnel
- \* Health Care
- \* Retired Affairs

- \* Survivor Programs
- \* Taxes/Social Security
- \* Veterans

16. ACCEPTANCE OF TMC MEMBERSHIP AGREEMENT: I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THE MILITARY COALITION'S MEMBERSHIP AGREEMENT. IF ACCEPTED FOR MEMBERSHIP, OUR ORGANIZATION RESOLVES TO ABIDE BY THAT AGREEMENT.

Signature of CEO/COO/President \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME AND TITLE:

Please submit completed applications to the TMC Secretary by [e-mail](#) (preferred) or by mail to:

TMC Secretary  
The Military Coalition  
201 N Washington St  
Alexandria, VA 22314-2539