

Eastern Shore Defense Alliance

P. O. Box 702
Atlantic, VA 23303
Membership Application

Membership type: (please select one)

Corporate sponsor (\$250) _____

Individual member (\$15.00) _____

Company name: _____

Name: _____

Address: _____

Address: _____

Contact Person: _____

Title: _____

Preferred Phone: _____

Preferred Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

Corporate Sponsors may provide up to four additional names and contact information below:

1. Name _____

Email _____

2. Name _____

Email _____

3. Name _____

Email _____

4. Name _____

Email _____

Please submit fee with this application to our mailing address:

P. O. Box 702, Atlantic, VA 23303