



# MEMBERSHIP APPLICATION

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Email \_\_\_\_\_

Business Phone \_\_\_\_\_

Website \_\_\_\_\_

Company Industry \_\_\_\_\_ Year Founded \_\_\_\_\_

*Company and contact information will be available to other Crane Regional Defense Group members.*

*I acknowledge and agree that I am a representative of a business or entity based in the United States and therefore eligible for membership in this organization.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

## Membership Level

Visit [www.craneregionaldefensegroup.org](http://www.craneregionaldefensegroup.org) for list of benefits at each level



5 Star  
\$5,000



4 Star  
\$3,500



3 Star  
\$2,000



2 Star  
\$1,000



1 Star  
\$500

*Email completed form and company logo to [connect@craneregionaldefensegroup.org](mailto:connect@craneregionaldefensegroup.org). Applications will be reviewed and you will receive an invoice once approved.*