

MEMBERSHIP APPLICATION

August 2022 - previous copies obsolete

Applicant must be a U.S. citizen. Please complete this form at your earliest convenience.

Complete all questions on this form. If the answer to a question is "none" or "unknown," please indicate.

PLEASE PRINT

1. **FULL NAME:** _____
(last) (first) (middle) (badge name/nickname)
2. **DATE OF BIRTH:** Month: _____ Day: _____ Year: _____
3. **PRESENT OFFICE INFORMATION:** (check if prefer mail sent here)
 - a. Current position & title or most recent, if retired _____
 - b. Company: _____
 - c. Address: _____
 - d. City, State, Zip: _____
 - e. Telephone: (_____) _____ Cell: (_____) _____
4. **RESIDENCE INFORMATION** (check if prefer mail sent here)
 - a. Street: _____
 - b. City, State, Zip: _____
 - c. Telephone: (_____) _____ Cell: (_____) _____
Can we list your home phone # in the DOCA Website Membership Only directory? YES or NO
 - d. Email Address: _____
Can we list your email address in the DOCA Website Membership Only directory? YES or NO
5. **SPOUSE'S FULL NAME:** _____
6. **MILITARY SERVICE** (if any): Branch of Service: _____ Highest Rank: _____ Dates: _____
7. **PROFESSIONAL and/or SOCIAL AFFILIATIONS and EDUCATIONAL BACKGROUND:**

8. **WHAT ATTRACTED YOU TO DOCA?**

9. **CERTIFICATION:** Have you ever been convicted of a felony: YES or NO
If yes, provide details and date: _____
10. **RELATIONS:** Do you have a relative in DOCA? YES or NO If yes, provide name and relationship:



DOCA

ITEMS SPONSOR SHOULD COVER WITH CANDIDATES FOR MEMBERSHIP IN DOCA

1. Purpose of DOCA - An organization dedicated to the understanding and studying of national security on an unclassified basis at all levels. This is accomplished by members participating in meetings/conferences which provide the opportunity to see first-hand our military posture and receive in-depth briefings on DoD or DoS activities.
2. Member should have a strong interest in DoD activities and understands the responsibility to inform associates, other opinion leaders, and organizations of what he/she learns.
3. Understands that some military installations may request member information such as, driver's license number, social security number, and passport number, etc.
4. Understands that DOCA is not an organization whose purpose or function is to help you in obtaining business or contracts.
5. Understands that we do not make personal demands, (i.e., shopping, tennis, golf, sightseeing, etc.) on the military bases where we are guests. We are there to be educated and communicate what we have learned back to our communities.
6. Understands that some military installations, equipment, and transportation may not be accessible.
7. Will conform to DOCA dress codes when requested and follow schedules as arranged.
8. Understands the \$900 dues payment covers the dues year from January 1st - December 31st.



TO: DOCA SELECTION COMMITTEE

I certify that I am interested in our nation's security and want to learn more. Within the next year, I have the time and resources to attend DOCA programs in order to better understand the complexities of national security and will then inform others about what I learned. I have read and I will abide by DOCA's by-laws, support its objectives, and will be a contributing member.

SIGNATURE OF CANDIDATE: _____

DATE: _____

NAME OF SPONSOR: _____

SIGNATURE OF SPONSOR: _____

I _____ have explained the above;
Sponsor (print name)

and I _____ understand the above
Candidate (print name)

items required for DOCA membership and I am willing to comply with these as a condition of membership.



MAIL TO:
 Defense Orientation Conference Association
 P.O. Box 1294
 Centreville, Virginia 20121
 Phone: (703) 451-1200
OR EMAIL TO: doca@doca.org
www.doca.org