

## MEMBERSHIP APPLICATION

Please submit form to [membership@friendsofnoaa.org](mailto:membership@friendsofnoaa.org)

### Organization Information

Name of Organization:
Form of Organization (Corporation, Non-profit, etc.):
U.S. Domestic entity (Yes/No):
Years in business:

### Primary Contact Information

Name:
Title:
Address:
Phone:
Email:

### Secondary Contact Information

Name:
Title:
Address:
Phone:
Email:

### Purpose

Please describe the purpose of your organization and its relationship with NOAA, including any significant contributions:
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Signed:

\_\_\_\_\_

Date:

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