

OPSEC Professionals Society Corporate Partner Application



We wish to partner with the OPSEC Professionals Society to help advance the application of effective operations security applications, and to help our personnel gain professional development opportunities!

Date:	
Name of Company:	
Mailing Address:	
Corporate Website:	
Telephone:	Facsimile:
Email:	
Corporate Point of Contact Name:	
Corporate Point of Contact Title:	

Name/Title of Corporate Representative

Signature/Title of Corporate Representative

We wish to partner at the level indicated: (see Corporate Partnership Schedule of Benefits Brochures for details)

- Copper \$500 Bronze \$750 Silver \$1,500 Gold \$3,000 Platinum \$7,500

Please complete Page 1 of the Individual Membership Application for each of the Free Memberships with this corporate partnership (according to the schedule of Benefits).

As part of your corporate benefit package, we request your POC send a copy of your corporate logo in an electronic format to Communications@OPSECsociety.org. We will incorporate this logo into our public website and Members Only Portal, newsletters as appropriate, and within our booth displays at the Annual OPSEC National Conference and other events.

PAYMENT:

- Enclosed is a check or money order in the amount of \$_____ as payment.
Please make check or money order payable to *OPS Treasurer*

Name and Contact Information for Corporate Members. (Please provide in the following format):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Email: _____

Please attach additional sheets for Corporate Member Information as necessary.

Please mail this completed form with appropriate payment to:

**OPSEC Professionals Society (OPS)
P. O. Box 150515
Alexandria, VA 22315-0515**

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www.OPSECsociety.org