

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 and Individual Membership Benefits Brochures for details)

- Copper \$50 Bronze \$750 Silver \$1500 Gold \$3000 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

- Please charge my: VISA MasterCard AMEX Other _____

Credit Card Number _____ Expiration Date: _____ 3 Digit Code _____

Information associated with this account and mailing address:

Street #: _____ ZIP: _____

SIGNATURE _____ DATE: _____

Please mail this completed form with appropriate payment or credit card information to:

OPSEC Professionals Society (OPS)
PO Box 150515
Alexandria, VA 22315-0515

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www.OPSECsociety.org