National Security Space Association
Membership Agreement

Date: _____

Company Name: _____

Company FEIN: _____

Billing POC: _____

Email: _____ **Phone:** _____

Representative POC: _____

Email: _____ **Phone:** _____

Membership Level

☐ Cosmic …..($40,000)
☐ GEO ……..($25,000)
☐ MEO …….($15,000)
☐ LEO ……($5,000)
☐ Kármán ….. ($2,500)

Total payment: _____

Signature: _____

Please complete and send to accounting@nssaspace.org. Thank you!