



AFCEA INTERNATIONAL CORPORATE MEMBERSHIP APPLICATION

AFCEA INTERNATIONAL

CAPITOLO di ROMA

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All corporate members have the privilege of naming officials and employees as members of the Association. Each of these individuals will receive *SIGNAL* Magazine and benefit from member rates at all AFCEA events.

For chapter use only: Sponsored by **AFCEA INTERNATIONAL Chapter of Rome**

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Category of Membership	Number of employees with the company or relevant division	Individuals authorised
Consultant	Under 10	5
Small Group	Under 50	15
Medium Group	50 - 500	20
Large Group	Over 500	30
Sustainer	n/a	60*

* 10 of which must be Young Afceans = below 40 years old.

AFCEA International's policies and practices are in compliance with the certification requirements of the US Department of Commerce's Safe Harbor, thereby complying with the European Commission's Directive on Data Privacy. (More details are available on the AFCEA web site www.afcea.org.)

RATES

Regular: applies to new corporates and to those that do not renew within 60 days of expiry.

Renewing: applies to existing companies that renew within 60 days of expiry.

COMPANY NAME:

ADDRESS:

CITY/COUNTRY:

PRESIDENT/MANAGING DIRECTOR:

ADDRESS:

CITY/POST CODE/COUNTRY:

TELEPHONE: **FAX:**

E-MAIL:

COMPANY CONTACT:

ADDRESS:

CITY/POST CODE/COUNTRY:

TELEPHONE: FAX:

E-MAIL:

WEB ADDRESS

COMPANY SURVEY INFORMATION *

Please circle one in each section.

*please also make selection for each individual listed. One only per category.

ORGANIZATION	OCCUPATION	SPECIALTY
<input type="checkbox"/> Active Air Force	<input type="checkbox"/> Account Management	<input type="checkbox"/> Command & Control/Communications
<input type="checkbox"/> Active Army	<input type="checkbox"/> Acquisition/Contracting/Procurement	<input type="checkbox"/> Computer Hardware/Software
<input type="checkbox"/> Active Coast Guard	<input type="checkbox"/> Consulting	<input type="checkbox"/> Data/Database Management
<input type="checkbox"/> Active Marine Corps	<input type="checkbox"/> Engineering/R&D/Test & Evaluation/ Analysis	<input type="checkbox"/> Electronic Warfare/Information Ops.
<input type="checkbox"/> Active Navy	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Emergency Management/ Law Enforcement/ Public Safety
<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Logistics	<input type="checkbox"/> Imaging, Surveillance & Reconnaissance
<input type="checkbox"/> Education/Academia	<input type="checkbox"/> Management - Executive-level	<input type="checkbox"/> Information Management / Security /Assurance
<input type="checkbox"/> Full-time Student	<input type="checkbox"/> National Government – Defense	<input type="checkbox"/> Operations
<input type="checkbox"/> National Govt-Homeland Security	<input type="checkbox"/> Product Management	<input type="checkbox"/> Intelligence
<input type="checkbox"/> National Government-Intelligence	<input type="checkbox"/> Program/Project Management	<input type="checkbox"/> Telecommunications/Networks
<input type="checkbox"/> National Government - Other	<input type="checkbox"/> Sales/Marketing/Business Development	<input type="checkbox"/> Training/Modelling & Simulation
<input type="checkbox"/> National Guard/Reserves	<input type="checkbox"/> Other (describe)_____	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> State/Local/Provincial Government		
<input type="checkbox"/> Other (describe) _____		

THE FOLLOWING OFFICIALS OR EMPLOYEES ARE NAMED TO BE INDIVIDUAL MEMBERS UNDER THIS CORPORATE SPONSORSHIP (Name of Contact/President should be repeated here if they are to be included as members.)

NAME
(First name/last name)

ADDRESS
(For SIGNAL Mailing)

SURVEY INFO.
(State Chapter Preference)

Primary Occ. Class./Area of
Involv./Application

(Attach separate list if necessary)

Date:

Signature _____

The personal data recorded in this application form is collected by the Rome Chapter and electronically stored and processed exclusively for the purpose of member administration and support.

They will be forwarded to AFCEA International for the same purpose.

(check box) I consent to the storage and processing of the personal data I have provided.

(check box) I agree to transferring this data (without account details) to AFCEA International, USA within the scope of the association's purpose.

I am aware that the association membership cannot be established without confirmation of the above consent, and that a revocation (which I can declare at any time) prevents the processing of my data in the future, which will then result in the termination of my membership.

AFCEA International Privacy Policy: <https://www.afcea.org/site/?q=privacy>

Member Signature:

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www.afcearoma.it