

Military Affairs Council

Military Affairs Council (MAC) Application for Membership

This application is to be filled out by any member *in good standing* of the Colorado Springs Chamber & EDC who desires to be a member of the Military Affairs Council (MAC). (*Asterisked items will be included in the membership roster distributed annually to all active MAC Members.)

Please Fax to: 719.471.9733 - Attn: Defense Development Division - Mail to: 102 S. Tejon St., Suite 430, Colorado Springs, CO 80903 or Email to: mac@cscedc.com *Company Name: ______ Familiar Name: Is the company you are representing a Chamber & EDC Member? Yes No *Business Address: *Business Phone: _____ Cell Phone: _____ *E-mail Address: Assistant Name: _____ Assistant Email: ____ *Prefered Mailing Address for MAC Materials: Work/Military Biography and Civic Involvement Retired Military Rank/Branch (if applicable): • Current Memberships (Please check all that apply): 4ID Association AF Sergeants Association AFA

Air, Space, and Missile Defense Association AFCEA AUSN AUSA ISSSA ION ITEA MCA&F MOAA □NDIA □USO □ VFW □Navy League □ TREA □WID □American Legion □DAV Other (Attach continuation sheet if needed): Name as you wish for permanent nametag: Member: I hereby apply to join the Military Affairs Council of the Colorado Springs Chamber & EDC. I understand the Military Affairs Council is for individual applicants subject to the MAC Board review and approval. I will support the organization to help maintain a regional business and community environment in which military organizations can carry out their missions, while maintaining a high quality of life for assigned personnel and their families. I intend to participate in Military Affairs Council events to host and honor military organizations and personnel stationed in the Pikes Peak Community, to remain a member in good standing by paying my annual dues promptly, and to volunteer my services to support a strong military presence in the Pikes Peak region. I will ensure that my conduct does not put military organizations or their members in positions of potential embarrassment, or situations that would raise questions of conflict of interest. Signature: Date: Please type in name if submitting digitally.