

ORGANIZATION INFORMATION

Organization: _____ **Date:** _____

Address: _____

Street Address

Suite #

City

State

ZIP Code

Phone: () _____ **Fax:** () _____ **Website URL:** _____

Business Form: Corporation LLC Sole Proprietorship Other _____

SDVOB SB WOSB

CONTACTS

Membership Coordinator: _____ **Job Title:** _____

Office #: () _____ **Fax #:** () _____ **Mobile #:** () _____

Email Address: _____

Alternate Contact: _____ **Job Title:** _____

Office #: () _____ **Fax #:** () _____ **Mobile #:** () _____

Email Address: _____

MEMBERSHIP OPTIONS

Please select a Membership Level

Cornerstone Member (\$25,000 annually)

Associate Member (\$10,000 annually)

Member (\$5,000 annually)

Supporter of the Park (> \$2,500 annually)

Do you need space in the Research Park Yes No

FAA CONTRACT HISTORY

Have you ever worked on any FAA contracts? (i.e. Services, CRDA) YES NO

If yes, explain:

Do you currently work on any FAA contracts? YES NO

If yes, explain:

Describe your research objectives and capabilities:

Describe your needs from the Stockton ARTP: (i.e., expertise, collaboration, resources, data, etc.)

The purpose of this application is to collect pertinent information from prospective members. This information will be used to initiate the membership selection process that involves the collection of additional information about the organization, interviews with the Membership Selection Committee, and an Offer of Membership. All information will be handled within the highest level of confidentiality.

For additional information, contact Joseph M. Shears, Executive Director at 609-626-6046 or email: StocktonARTP@stockton.edu