



# SOCIETY OF NAVAL ARCHITECTS AND MARINE ENGINEERS CORPORATE AFFILIATE APPLICATION & CONTRACT

## STEP 1:

Complete the following information **exactly as you wish it to appear in all promotional materials.**  
All correspondence will be sent to the contact person indicated below.

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Website \_\_\_\_\_  
Parent Company Name (if different from above) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## STEP 2: CORPORATE AFFILIATE LEVEL

Please select your desired Level of Engagement:

PLATINUM LEVEL \$15,000 annually

GOLD LEVEL \$10,000 annually

SILVER LEVEL \$ 7,000 annually

Please note any partnership customizations agreed upon with SNAME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STEP 3: PAYMENT INSTRUCTIONS

### CREDIT CARD PAYMENT

If you wish to make payment by credit card, please complete and sign. ALL SECTIONS MUST BE COMPLETED TO PROCESS CREDIT CARD PAYMENT.

#### Check one

MasterCard      Visa      AMEX      Discover

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec Code # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

### CHECK PAYMENT

Payable/Mail to:

Society of Naval Architects and Marine Engineers (SNAME)  
99 Canal Center Plaza, Suite 310  
Alexandria, VA 22314

**Please be sure to reference Invoice Number on all payments.  
Checks must be drawn on a U.S. bank in U.S. dollars.**

## STEP 4: ACCEPTANCE

This application will become a contract upon acceptance with authorized signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signatures on contract dictate that the person signing the contract on behalf of the Company shall be deemed to have full authority to do so and the Company shall have no right to claim against SNAME that such person did not have such authority. All contracts are final and no refunds will be given in the case of cancellation.

SHOW MANAGEMENT USE ONLY:

Authorized SNAME Signature \_\_\_\_\_ Date \_\_\_\_\_