

# Member Registration Form

## LOCKHEED MARTIN LEADERSHIP ASSOCIATION (LMLA)

Fort Worth, Texas  
CHAPTER 249 of NMA

<b>Member Information</b>				
First Name	MI.	Last Name		Date
Home Address: Street		City	State	Zip Code
Dept.	Mail Zone	Ext	Employee No.	LM People No.
LM Aero Site		Contractor or LM Company: Please specify (i.e., LMIS, LMSTS, LMEIS or Contractor, etc.,)		
Preferred e-mail				
<b>Referral Information</b>				
First Name	MI.	Last Name		LM People No.
<b>Payment Options</b>				
<p><b>I wish to join the Lockheed Martin Leadership Association Fort Worth, a chapter of the National Management Association.</b></p> <p><b>Select one of the following</b></p> <p><input type="checkbox"/> New Member Registration - \$20</p> <p><input type="checkbox"/> Previous Member Reinstatement - \$5</p> <p><input type="checkbox"/> Previous Member Transfer (for each employee transferring from another chapter within 60 days)</p> <p><b>Select one of the following</b></p> <p><input type="checkbox"/> As an LM Aero payroll employee, I authorize LM Aero payroll to deduct from my check dues for LMLAFW in the amount voted on by the LMLA Board of Directors (Currently \$2 per week).</p> <p><input type="checkbox"/> As a non-LM Aero payroll employee, I will pay in advance the non-refundable, dues per week for the weeks remaining in the current calendar year. Additionally, I will pay the annual dues on December 31, thereafter, plus the one time registration fee indicated above.</p>				
<b>I agree to abide by the Bylaws of the Lockheed Martin Leadership Association:</b>				
Signature: (e-signature assumed if sent via email)				Date

Direct any questions or comments to the [LMLA Resource Account](#).  
Email Membership Form (electronic signature assumed) to [LMLA Resource Account](#)

