



# MARYLAND MILITARY COALITION

## MMC Membership Application / Annual Recertification

(Please print or type. Use separate sheet of paper if necessary.)

1. FULL NAME AND ADDRESS OF YOUR ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. PURPOSE OR MISSION OF YOUR ORGANIZATION (Please quote directly from your organization's constitution or bylaws): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. CONTACT INFORMATION FOR CEO/COO/President/Executive Director (Please provide name, address, telephone number, and email address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. YOUR ORGANIZATION'S DESIGNATED REPRESENTATIVE TO THE MARYLAND MILITARY COALITION (Please provide name, address, telephone number, and email address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. YOUR ORGANIZATION'S ALTERNATE DESIGNATED REPRESENTATIVE TO THE MARYLAND MILITARY COALITION (Please provide name, address, telephone number, and email address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. OTHER ORGANIZATION REPRESENTATIVES WHO WOULD ATTEND OR PARTICIPATE IN MARYLAND MILITARY COALITION MEETINGS/COMMITTEES/ACTIVITIES (Please provide names, addresses, telephone numbers, and email addresses):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGREEMENT TO MARYLAND MILITARY COALITION PARTICIPATION:

- A. We understand that the strength of the Coalition arises from joint support of members' common goals, and that the expectation is that Coalition Members will work in a united way to support the full range of Coalition goals for the entire uniformed services and veterans' community, and not just those elements that specifically affect our organization's members. In supporting each other's goals, each Coalition organization gains by broadening support for its own goals.
  
- B. We understand and agree that a member of the organization must attend at least four of every six monthly Coalition meetings.
  
- C. ACCEPTANCE OF MMC AGREEMENT: I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THE MARYLAND MILITARY COALITION'S MEMBERSHIP AGREEMENT. IF ACCEPTED FOR MEMBERSHIP, OUR ORGANIZATION RESOLVES TO ABIDE BY THAT AGREEMENT.

\_\_\_\_\_  
Signature of CEO/COO/President/Executive Director

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Date)

Please submit completed applications to the MMC Secretary by email at [jpaulmay@aol.com](mailto:jpaulmay@aol.com), or by mail to:

MMC Secretary  
Maryland Military Coalition  
1101 Mercantile Lane, Suite 260  
Largo, Maryland 20774