

www.nad.org

ORGANIZATION MEMBERSHIP FORM

[CONTACT INFORMATIC	IN J Please print o	cieariy.					
Organization Name							
Contact Person's Full Name and Title Contact Person's Email Address Organization President, Director, Chair's Full Name and Title							
				Organization President, Directo	or, Chair's Email A	ddress	
				Postal Address			
City	State	Zip+4					
Province, Country							
Billing Address							
City	State	Zip+4					
Province, Country							
Communication Accomm	-	ests					
Send NAD membership re		s by either:					
Contact Person's Er							
 Add Contact Person's Em Add someone else to the 		-	_				
If you are filling this out f their role, full names, and			 '				
Vice President, Full Name, Ema	il						
Secretary, Full Name, Email							
Treasurer, Full Name, Email							

Other, Full Name, Email

[MEMBERSHIP STATUS]

Join / Renew Membership

State Association Affiliate \$200

Non-Profit Affiliate

□ National (serving 10+ states) \$300

State (serving under 10 states) \$200
 Local \$200

O Member Based O Non-Member Based

Government Affiliate

Federal \$300

🖵 State **\$200**

🖵 Local **\$200**

O Member Based O Non-Member Based

For-Profit Affiliate

□ National (serving 10+ states) \$2,000

□ State (serving under 10 states) \$1,000

O Member Based O Non-Member Based

The NAD is classified by the Internal Revenue Service as a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent allowed by law.

[PAYMENT INFORMATION]

Fotal Payment Amount: \$				
Check (Payable to the NAD)				
Credit Card O Visa O Mastercard				
Name as it Appears on Card:				
L6-digit Card Number:				
Fhree-digit CCV Code (on the back of the card):				
Expiration Date:				
Signature:				
Please mail (certified) this form with payment to:				
NAD Headquarters 8630 Fenton Street, Suite 820 Silver Spring, MD 20910				

Thank You for Your Support!