ORGANIZATION MEMBERSHIP FORM

[ CONTACT INFORMATION ] Please print clearly.

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, Director, Chair’s Email Address

Postal Address

City ____________________________________________ State Zip+4

Province, Country

Billing Address

City ____________________________________________ State Zip+4

Province, Country

Communication Accommodation Requests

❑ Braille ❑ Large Print

Send NAD membership renewal notices by either:

❑ Contact Person’s Email or ❑ Postal Mail
❑ Add Contact Person’s Email to the NAD’s Monthly eBlast
❑ Add someone else to the NAD’s Monthly eBlast

If you are filling this out for a State Association, please share their role, full names, and email below:

Vice President, Full Name, Email

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
❑ Member Based ❑ Non-Member Based

Government Affiliate

❑ Federal $300
❑ State $200
❑ Local $200
❑ Member Based ❑ Non-Member Based

For-Profit Affiliate

❑ National (serving 10+ states) $2,000
❑ State (serving under 10 states) $1,000
❑ Member Based ❑ 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 ]

Total Payment Amount: $ ____________

❑ Check (Payable to the NAD)
❑ Credit Card ☐ Visa ☐ Mastercard

Name as it Appears on Card: ________________________________

16-digit Card Number: ________________________________

Three-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!