



NADIIIAA Membership Application



Name _____ Title _____
 College/University _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail Address _____

Membership Levels:	Amt Due
_____ Group @\$375 for NACDA (15 members) plus \$100 for NADIIIAA (1 individual) dues	\$475
_____ Individual @\$175 for NACDA plus \$100 for NADIIIAA dues	\$275
_____ NADIIIAA Individual dues ONLY (\$100)	\$100
_____ NADIIIAA Additional Member dues (\$75 each)	\$75
Total Amount Due	\$ _____

Additional members (**up to 15 if you purchased a NACDA Group membership**):

<u>Name/Title</u>	<u>Phone/E-mail Address</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Payment Information

I am paying by check _____ credit card _____
 (Checks payable to NADIIIAA)
 _____ Discover Card _____ MasterCard _____ Visa _____ AMEX
 (only credit cards accepted)
 Card Number: _____
 Exp. Date: _____
 Zip Code of billing address: _____ CVV: _____
 Name on Card _____
 Authorized Signature _____

Please return application and dues to:

NADIIIAA Membership
 24651 Detroit Rd. • Westlake, Ohio 44145
 440-892-4000 • 440-892-4007 (Fax)
 Contact: Brian Horning • bhorning@nacda.com
 website: www.nadiiiaa.org

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