



Professional Council Membership Application

Name: _____ Title: _____

Council Name: _____

Company Name: _____

Address: _____ City: _____

State: _____ Postal Code: _____ Country: (if not US): _____

Telephone No.: _____ Fax: _____

Email Address: _____

Company Web Page: _____

Are you a current member of ADDA? _____ Anniversary date: _____

Council Membership dues submitted: _____

How are your Council Dues Paid?

____ By employer ____ By you-reimbursed by employer ____ By you

Are you an ADDA Certified Drafter? _____ If yes, what year did you certify? _____

Member Signature

Date

Please include check or money order for Council Membership dues.

Provide one original application to the Corporate Office for membership records and retain one copy for the Professional Council records.