



ADDA Corporate Membership & Sponsor Application

▶ Indicates a required Item or Line

▶ Name: _____ Title: _____
Primary Corporate Member or Sponsor Contact

▶ New _____ Renewal _____ Organization _____

▶ Address: _____ City: _____ State: _____

▶ Postal Code: _____ Country (if not U.S.): _____

▶ Telephone # Country Code _____ (_____) _____ - _____

▶ E-mail Address: _____

Company Web Page _____

**ALL Non - U.S. and
Non - Canada Applications
Incur a \$12.00 Handling Fee**

Membership Dues Categories are based on benefits of the classification selected.

Check Only One.

See the Corporate Member & Sponsor Brochure for Benefit Details

CORPORATE MEMBER LEVELS

- Corporate Member – Bronze Level - U.S. & Canada \$ 600.00
- Corporate Member – Silver Level - U.S. & Canada \$ 800.00
- Corporate Member – Gold Level - U.S. & Canada \$ 1,000.00
- Corporate Member – Diamond Level - U.S. & Canada \$ 1,250.00
- Corporate Member – Platinum Level - U.S. & Canada \$ 1,500.00

CORPORATE SPONSOR LEVELS

- Corporate Sponsor – Business Level - U.S. & Canada \$ 250.00
- Corporate Sponsor – Bronze Level - U.S. & Canada \$ 500.00
- Corporate Sponsor – Silver Level - U.S. & Canada \$ 750.00
- Corporate Sponsor – Gold Level - U.S. & Canada \$ 1,000.00
- Corporate Sponsor – Diamond Level - U.S. & Canada \$ 1,250.00
- Corporate Sponsor – Platinum Level - U.S. & Canada \$ 1,500.00

Would you Prefer to Indicate your level of Sponsorship or Membership on your Certificate Yes No
Circle Circle

Check & Money Order Information

Issuing Agent _____ Check Number _____ Date _____

Purchase Order Information Please attach purchase order to this application Membership will not be issued until payment has been received

Name of Company _____ P.O. Number _____ Date Issued _____

Name of Authorized Agent _____ Signature: _____

Credit Card Information By affixing my signature I authorize ADDA to bill my stated Credit Card for the total amount required for the membership or sponsorship level. Any refunds or credits will be issued by ADDA Check when requested in writing stating reason and purpose to the below address.

Name as on Card _____ Billing Address _____

City _____ State _____ Zip _____ CC Number _____ Exp Date _____

CVS Code _____ Card Type _____ Printed Name _____

Signature _____ Active Email Address _____

I hereby agree, if accepted as a member of ADDA International at any level of membership or sponsorship, I, my company, or representatives, shall and will abide by the Constitution & By-Laws and the Code of Ethics of the ADDA and will uphold the traditions, morals and standards of the ADDA and the Profession according to the Policies and Procedures as outlined, established, adopted or set-forth by the Board of Directors and the Board of Governors of ADDA International.

Signature of Applicant _____

Date of Application _____



ADDITIONAL COMPANY REPRESENTATIVES

Name: _____ Title: _____
Additional Corporate Member or Sponsor Representative

New _____ Renewal _____ Organization _____

Address: _____ City: _____ State: _____

Postal Code: _____ Country (if not U.S.): _____

Telephone # Country Code () - _____

E-mail Address: _____

Company Web Page _____

Name: _____ Title: _____
Additional Corporate Member or Sponsor Representative

New _____ Renewal _____ Organization _____

Address: _____ City: _____ State: _____

Postal Code: _____ Country (if not U.S.): _____

Telephone # Country Code () - _____

E-mail Address: _____

Company Web Page _____

Name: _____ Title: _____
Additional Corporate Member or Sponsor Representatives

New _____ Renewal _____ Organization _____

Address: _____ City: _____ State: _____

Postal Code: _____ Country (if not U.S.): _____

Telephone # Country Code () - _____

E-mail Address: _____

Company Web Page _____

TOTAL MEMBERSHIP COST

Membership Fee based on category \$ _____

Additional Members x \$ each \$ _____
Business Level Corporate Sponsors Additional Member Rate is \$85.00

Total Amount Due \$ _____ Initial _____