



# ADDA Membership Application

(STUDENT & FORMER STUDENT RATE) Page 1

▶ Indicates a required Item or Line

▶ New \_\_\_ Renewal \_\_\_ ▶ Student in Chapter \_\_\_ Student at Large \_\_\_ Former Student \_\_\_

▶ Name: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Former Student Applicant - Please Provide Name of School Attended

▶ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

▶ Telephone # Country Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

▶ E-mail Address: \_\_\_\_\_

▶ Are you an ADDA Certified Drafter? \_\_\_\_\_ Year Certified \_\_\_\_\_

▶ Did or Does your school Have ADDA Certified Curriculum \_\_\_\_\_ Did you receive a Graduate Certificate \_\_\_\_\_

**NOTICE TO APPLICANTS**  
**FORMER STUDENTS WILL RECEIVE AN ASSOCIATE MEMBERSHIP CERTIFICATE**

**Student Membership requires enrolment in an Educational or Distance Learning Program  
Former Student is a special rate – up to 12 Months after Completing Training**

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

Membership Dues Categories are based on membership classification selected. Check Only One.

- SIC-Student in ADDA Chapter - U.S. & Canada **non-ADDA Certified** \$ 25.00
- SAL-Student at Large - U.S. & Canada - Students not in an ADDA Chapter \$ 30.00
- FSM-Former Student - U.S. & Canada - Students who have completed formal training within the last 12 Months \$ 35.00
- Student Non- Canada & U.S. Country Handling Charge \$ 12.00

**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**

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 authorize ADDA to bill my above stated Credit Card for the amount listed above and any refunds or credits will be issued by ADDA Check when requested in writing stating reason and purpose to the below address.



**Student & Former Student Applicants**

**FORMER STUDENT APPLICANTS ONLY**

Name of School Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Year Completed \_\_\_\_\_ Diploma/Certificate \_\_\_\_\_

**ALL STUDENT & FORMER STUDENT APPLICANTS**

If you are currently employed in the profession - full or part-time please provide the following information.

Full Time \_\_\_ Part-Time \_\_\_ Co-Op \_\_\_ Intern \_\_\_

Company \_\_\_\_\_

Job Function \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ADDA will not contact your employer - This is for Data- Purposes Only

**ALL STUDENT & FORMER STUDENT APPLICANTS**

\_\_\_ Have you ever competed in the ADDA Design Drafting Contest as a Student?

\_\_\_ Have you ever competed in the ADDA Annual Poster Contest as a Student?

\_\_\_ Are you a current Member of a Chapter?

\_\_\_ Have you ever attended an ADDA Conference?

**AS AN ADDA MEMBER DID YOU KNOW?**

You can enter the Drafting Contest or Poster Contest without your school being Certified or having a Chapter

You can Place a RESUME On-Line for NO COST

You can Receive Discounts on Publications by contacting ADDA

You can purchase Shirts Caps and Other items with the ADDA Logo

You can receive Certificate Covers with the ADDA Logo for Graduation

You can purchase Supplies and Receive Big Discounts

You can get Questions answered about your Discipline or Software

You are a MEMBER of the ADDA Family of Professionals

Our Job is to help you - Call or Email

I hereby acknowledge that the above employment information is true and correct and, I furthermore authorize the Administrative Offices of the ADDA to verify my employment information with the above listed organizations and companies, **ONLY**, for the purpose of verification of years involved in the Profession and for **NO OTHER PURPOSE**. This entire page may be submitted to my current or former employer for verification and **NO OTHER INFORMATION** shall be released.

I hereby agree, if accepted as a member of ADDA International at any level of membership, 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 \_\_\_\_\_

PLEASE MAIL or FAX PAYMENT and APPLICATION to

**ADDA International 105 East Main Street Newbern, TN 38059**

**Telephone 731-627-0802 Fax 731-627-9321**