



# ADDA Professional & Associate Membership Application

▶ Indicates a required Item or Line

▶ Mark One  
New \_\_\_ Renewal \_\_\_

▶ Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company \_\_\_\_\_  
Organization / School : \_\_\_\_\_ Webpage \_\_\_\_\_

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

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

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

▶ E-mail Address: \_\_\_\_\_

▶ Are you an ADDA Certified ? \_\_\_\_\_ Year Certified \_\_\_\_\_  
(if YES see special Rate Below)

▶ Is your Company an ADDA Corporate Member ? \_\_\_\_\_ (if YES see special Rate Below)

**NOTICE TO APPLICANTS**  
EMPLOYMENT INFORMATION MUST BE PROVIDED

**PROFESSIONAL MEMBERSHIP** requires 5 years minimum Industry or Instruction Experience

**SEE SPECIAL RATES** for ADDA Certified Professionals and Corporate Member Employees

**Professional Membership - ALL APPLICANTS outside North America MUST include a \$12.00 Handling Fee**

- PNC-Professional - non-ADDA Certified North America \$ 89.00 each year
  - PG1-Professional in Group - North America non-ADDA Certified (requires 6-24 Members from same Facility) \$ 85.00 each year
  - PG2-Professional in Group - North America non-ADDA Certified (requires 25-49 Members from same Facility) \$ 80.00 each year
  - PG3-Professional in Group - North America non-ADDA Certified (requires 50+ Members from same Facility) \$ 76.00 each year
  - PCD-Professional - ADDA Certified in North America at any level \$ 84.00 each year
  - CMPS-Professional Select- ADDA Certified in North America at any level Special 3 year Select Membership Package \$210.00 for three years
  - CMPE-Professional Elite - ADDA Certified in North America at any level Special 5 year Elite Membership Package \$325.00 for five years
  - PCM-Professional - Corporate Membership Rate \$ 72.00 each year
  - PIE-Professional in Education - Rate for Professional Classification **Employed in Education** \$ 79.00 each year
  - PEC-Instructor with Certified Curriculum Program
- The cost of one membership is included with curriculum certification. Additional instructor's memberships at the same facility may join at \$75.00 per instructor or administrative personnel. Each additional member must submit separate applications with payment.
- PEA-Additional Instructor with Certified Curriculum Program \$ 75.00 each year

**Institutional Membership - Certificate will be issued to the Institution and to each Member based on Membership Classification**

- IMS- Institutional Membership Silver Level Includes 3 Memberships \$ 225.00 each year
- IMG- Institutional Membership Gold Level Includes 5 Memberships \$ 375.00 each year
- IMD- Institutional Membership Diamond Level Includes 7 Memberships \$ 525.00 each year
- IMP- Institutional Membership Platinum Level Includes 9 Memberships \$ 675.00 each year

**Associate Memberships -**

- ANC-Associate Membership - U.S. & Canada non-ADDA Certified Non Students under 5 Years Industry Experience \$ 45.00 each year
- ACD-Associate Membership - U.S. & Canada ADDA Certified Non Students under 5 Years Industry Experience \$ 45.00 each year
- AFS-Associate Former Student Membership - U.S. & Canada First Year as a Non-Student \$ 35.00 each year
- Outside North America Handling Charge \$ 12.00 each year

**Members in Groups or Institutions or Programs Must Submit Separate Applications for Each Individual**

**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** I hereby authorize ADDA to process my above stated Credit Card for the amount listed above and any cost related to the transaction if declined. Refunds or credits will be issued by ADDA Check when requested in writing stating reason and purpose and send to the address on the second page.

Name as on Card \_\_\_\_\_ CC Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVS Code \_\_\_\_\_

CC Billing Address \_\_\_\_\_ Card Type  Visa  Master Card  American Express

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number Listed with Credit Card Account \_\_\_\_\_

Printed Name \_\_\_\_\_

Active Email Address \_\_\_\_\_ Signature \_\_\_\_\_



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### ASSOCIATE APPLICANTS ONLY

\_\_\_\_\_ Total Years of Experience

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

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

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

From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_  
Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_  
Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_  
Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_  
Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_  
Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

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