



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