



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