



Last Name \_\_\_\_\_ New  
 First / Initial \_\_\_\_\_ Renewal  
 Membership Code \_\_\_\_\_ Total Membership Fee \$ \_\_\_\_\_  
(See Code Chart Page 2) (Outside North America ADD \$12.00)

**Membership Application  
 Professional & Associate**

Company / Organization / School : \_\_\_\_\_ Webpage \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Country (if not U.S.): \_\_\_\_\_ Telephone # Country Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Work \_\_\_\_\_ Email Personal \_\_\_\_\_  
 Are you an ADDA Certified ? \_\_\_\_\_ Year Certified \_\_\_\_\_ Is your Company an ADDA Corporate Member ? \_\_\_\_\_  
(if YES see special Rate Page 2) (if YES see special Rate Page 2)

**Recommended By** \_\_\_\_\_ ADDA Member Name \_\_\_\_\_

**Associate Membership Applicants** Name of School Attended \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Year Completed \_\_\_\_\_ Diploma/Certificate \_\_\_\_\_

**All Applicants as Applicable** Years of Experience \_\_\_\_\_ Complete Work History Below (Attach Additional Experience as Necessary)

From Month/Year _____ to Month/Year _____	Job Title / Responsibility _____
Company _____	Supervisor / Phone _____
Address _____	City _____ State _____ Zip _____
From Month/Year _____ to Month/Year _____	Job Title / Responsibility _____
Company _____	Supervisor / Phone _____
Address _____	City _____ State _____ Zip _____
From Month/Year _____ to Month/Year _____	Job Title / Responsibility _____
Company _____	Supervisor / Phone _____
Address _____	City _____ State _____ Zip _____

I hereby acknowledge that the above employment information is true and correct. 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 . 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, sh

Name as on Card \_\_\_\_\_ CC Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVS Code \_\_\_\_\_  
 CC Billing Address \_\_\_\_\_ Card Type  Visa  Master Card  AmEx Your Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number Listed with Credit Card Account \_\_\_\_\_  
 Active Email listed with CC Account \_\_\_\_\_ Signature \_\_\_\_\_  
**Check & Money Order Information** Issuing Agent \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_  
**Purchase Order Information** **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: \_\_\_\_\_



Last Name \_\_\_\_\_

New

Membership Information & Fees  
Professional & Associate

