

NADSA STATE ASSOCIATION MEMBERSHIP FORM

When you join NADSA, you will agree to abide by the Code of Ethics as described on NADSA's website (<https://www.nadsa.org/about/code-of-ethics/>). As a NADSA member you are obligated to report breaches of ethical conduct to NADSA and/or appropriate regulatory or civil authorities.

ORGANIZATION NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
TELEPHONE		FAX	
WEBSITE			
PRIMARY CONTACT PERSON			
PRIMARY CONTACT EMAIL ADDRESS			
BILLING CONTACT NAME/EMAIL ADDRESS (IF DIFFERENT THAN PRIMARY CONTACT)			
BILLING ADDRESS if different from street address			
MEMBERSHIP TYPE	DESCRIPTION <i>(12-month term based upon date of membership acceptance)</i>	ANNUAL DUES	<input type="checkbox"/>
STATE ADS ASSOCIATION MEMBERSHIP	State ADS Association	\$499	

Remit to NADSA, 11350 Random Hills Road, Suite 800, Fairfax, VA 22030 or pay online: <https://www.nadsa.org/membership/>.

CHECK ENCLOSED: \$ _____ Check # _____ Today's Date: _____

FOR CREDIT CARD PROCESSING ONLY:

Visa American Express MasterCard Account # _____

Expiration Date _____ Security Code _____ Today's Date _____

Card Holder's Name _____

Card billing address if different from above _____

Card Holder's Signature _____

Office Use Only: Entered in database: _____ Date Received _____ Amount Received _____ Date Membership Expires _____