



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

## Membership Application Associate Member

### Personal Information

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Personal Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Personal Cell Phone \_\_\_\_\_ Personal Email Req'd \_\_\_\_\_

This information is needed to maintain communication regarding membership, certification, training and programs offered through ADDA.

### Current Student

School Attending : \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country (if not U.S.): \_\_\_\_\_ School Telephone # \_\_\_\_\_ Country Code \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address @ School \_\_\_\_\_ School Webpage : \_\_\_\_\_

Are you an ADDA Certified ? \_\_\_\_\_ Year Certified \_\_\_\_\_ Does your School have ADDA Certified Curriculum ? \_\_\_\_\_ Chapter ? \_\_\_\_\_

### Former Student Only

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Year Completed \_\_\_\_\_ Diploma? /Certificate? \_\_\_\_\_ Did your School have ADDA Certified Curriculum? \_\_\_\_\_

Did you Receive an ADDA Graduate Certificate? \_\_\_\_\_

### Recommended By

ADDA Member Name \_\_\_\_\_

### Student & Former Student Applicants

Are you a current Member of a Chapter? \_\_\_\_\_ Have you attended an ADDA Conference ? \_\_\_\_\_

Have you ever Competed in the ADDA Design Drafting Contest ? \_\_\_\_\_ or the ADDA Annual Poster Contest as a Student? \_\_\_\_\_

**APPLICATION & PAYMENT MUST BE INCLUDED to Expedite Membership Processing**  
 See Reverse Side for Details and Application Submission Options

I hereby acknowledge that the above information is true and correct. I furthermore authorize the Administrative Offices of the ADDA to verify my information with the above listed, **ONLY**, for the purpose of verification question asked. This entire page may be submitted to my current or former school for verification and **NO OTHER INFORMATION** shall be released.

I hereby agree, if accepted as a member of ADDA at any level of membership, I 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 \_\_\_\_\_

I hereby authorize ADDA to process my 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 \_\_\_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  
 First / Initial \_\_\_\_\_  Renewal  
 Choose and **Circle** the Membership Code and **Circle** Fee from List Below  
 Enter Both on Application Page

## Membership Information Associate Member

**ALL APPLICANTS outside North America MUST include a \$12.00 Handling Fee**  
**Professional Membership requires a Minimum of 5 years work experience**

Code	Description	Fee
	INDIVIDUAL ASSOCIATE MEMBERSHIP	
AFS	Associate Former Student Membership – First Year as a Non-Student	\$ 35.00 first year
AM	Associate Membership – Years between Student & Professional Member	\$ 45.00 annually

Note: Associate Members and Students who maintain active membership in ADDA may apply years as a member to Professional Membership Rate Scale. Professional Membership is based on 5 years work experience.

*Students in Chapters Must Submit Separate Applications for Each Individual*

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ADDA International 105 East Main Street Newbern, TN 38059  
 Telephone 731-627-0802 Fax 731-627-9321 Email dbrenton@adda.org



As an ADDA Member you will receive:

- ◆ A Membership Certificate & Code of Ethics, suitable for display, indicating your Membership Status and Years of Service
- ◆ An ADDA Membership Pin, Wallet Membership Certificate and appreciation gift.
- ◆ Discounts on ADDA Professional Certifications and renewals
- ◆ Discounts on ASME, Delmar, Cengage, Prentice Hall and Goodheart Willcox Publications
- ◆ Discounts up to 30% on GD&T Training through TechEase and Discounts on Office Supplies through BIZ Supplies.com
- ◆ Networking Capabilities through Members, Twitter, LinkedIn and Facebook
- ◆ Opportunities to serve ADDA on committees, review teams, chapters, councils and the National Board of Directors.
- ◆ Membership in the largest profession which supports and represents you in your career. Each and every member agrees to assist each other in the profession and to work toward improving the trade for future generations. ADDA is a 501c3 organization and your contributions, mileage and expenses in supporting our many programs are tax deductible under specific IRS Rulings.
- ◆ Recognition as a Professional.