



Proctor Application

Last Name _____ New
 First / Initial _____ Renewal
 Full Time Instructor Part Time Instructor Industry Professional

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: _____



Membership Information
Student - Former Student

Last Name _____

New

First / Initial _____

Renewal

Choose and **Circle** the Membership Code and **Circle** Fee from List Below
Enter Both on Application Page

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 MEMBERSHIP		
SAL	Student @ Large in North America	\$ 30.00 annually
SIC	Student in Chapter in North America at any level	\$ 25.00 annually
AFS	Associate Former Student Membership – First Year as a Non-Student	\$ 35.00 first year

Students in Chapters Must Submit Separate Applications for Each Individual

APPLICATION & PAYMENT MUST BE INCLUDED to Expedite Membership Processing

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



Mark you Calendars

AS AN ADDA Student Member you are Eligible to Enter

Annual Poster Contest

Annual Design Drafting Competition

ALL ENTRIES ARE DUE December 18th Each Year

Information is available at www.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.