

Organizational Membership Application 2018

New Renew Reinstatement

Organization.

Name

Address

City State/Prov. Zip/Postal code

Country

Preferred contact person.

Prefix First Last

Job title

Phone Home Work Cell Email

Select membership level.

- \$500**.....\$_____
- Includes two EdTA professional memberships with full benefits.
 - 10% discount on ads. *Discount taken after any pre-existing discounts.*
 - Logo and link on *Organizational Members* page of EdTA website.
- \$1,000**.....\$_____
- Includes four EdTA professional memberships with full benefits.
 - 10% discount on ads. *Discount taken after any pre-existing discounts.*
 - Logo and link on *Organizational Members* page of EdTA website.
- \$1,500**.....\$_____
- Includes four EdTA professional memberships with full benefits.
 - 10% discount on ads. *Discount taken after any pre-existing discounts.*
 - One week early access to Conference exhibitor registration.
 - Logo and link on *Organizational Members* page of EdTA website.

Total amount enclosed: \$_____

- Check enclosed. Membership will not be processed until payment is received.
- Charge my: Visa MasterCard Diners Club American Express

Name on card Signature

Credit card billing address

Account number Expiration date CID/Card code
(Amex 4 digits; all others 3)

Please select professional membership recipients on following page.

Select professional members.

• \$500 level receives two professional memberships. Please indicate individuals to receive those memberships below.

Name 1: Prefix First Last
Preferred membership mailing address
City St./Pr. Zip or postal code
Country This address is Home Work Date of Birth (MM/DD/YYYY)
Email (required) Phone Home Work Cell

Name 2: Prefix First Last
Preferred membership mailing address
City St./Pr. Zip or postal code
Country This address is Home Work Date of Birth (MM/DD/YYYY)
Email (required) Phone Home Work Cell

• \$1,000 and \$1,500 levels receive four professional memberships. Please indicate two *additional* individuals to receive those memberships below.

Name 3: Prefix First Last
Preferred membership mailing address
City St./Pr. Zip or postal code
Country This address is Home Work Date of Birth (MM/DD/YYYY)
Email (required) Phone Home Work Cell

Name 4: Prefix First Last
Preferred membership mailing address
City St./Pr. Zip or postal code
Country This address is Home Work Date of Birth (MM/DD/YYYY)
Email (required) Phone Home Work Cell

Organizational membership and related professional memberships are in effect for one year from activation date. Professional memberships are non-transferrable until renewal date. Membership is subject to the EdTA Code of Regulations and Policies.