



INSTITUTIONAL MEMBERSHIP APPLICATION

Once approved, an invoice will be provided. ADAA's membership cycle runs from January 1 through December 31. New memberships processed throughout the year will be prorated to accommodate this schedule.

Memberships included under an Institutional Membership plan remain with the organization. Should a staff member leave your organization mid-year, the membership spot may be transferred to another staff member. *It is the responsibility of the organization to notify ADAA of any changes to their group membership roster.*

1. INSTITUTION PROFILE INFORMATION

Organization Name: _____

Primary Contact: _____ Email: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Website URL: _____

2. MEMBERSHIP DUES

Membership dues listed below are per person added to the group membership.

Professional	\$150
with weblink at additional fee	\$40
PostDoc/Trainee	\$85
Student	\$45

ADDITIONAL DONATIONS support ADAA's pulic education and outreach.

Accept my one time gift of ___\$50 ___\$100 ___\$250 \$_____Other

(Donations are deductible to the extent of the law; please consult your tax advisor.)

3. INDIVIDUAL MEMBER PROFILE INFORMATION (Minimum Required = 6)

Name	Degree	Email Address*	Membership Type	Add a Weblink? (Professional Memberships Only)
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Professional <input type="checkbox"/> PostDoc/Trainee <input type="checkbox"/> Student	<input type="checkbox"/> Yes <input type="checkbox"/> No

*You must provide a unique email address for each member. Please avoid using general emails like “info@” or “admin@”.

For your convenience, you may provide an excel chart with this required information, especially if you will be adding more than 6 members to your group membership.

Please return completed form to membership@adaa.org. If you have questions or need assistance please contact ADAA at membership@adaa.org.