

# MEMBERSHIP APPLICATION

1. REGISTRATION INFORMATION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

This address is:  Home  Department

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. MEMBERSHIP TYPE

- Active \$85/year
- Organizational \$385/year
- Sustaining \$500/year

International (except Canada) please add \$30.00

3. DEMOGRAPHIC STATUS

- Career
- Volunteer
- Combination

Total Due (in U.S. Dollars): \$ \_\_\_\_\_ PAYMENT MUST ACCOMPANY FORM

4. PAYMENT INFORMATION:

- Check Enclosed (Please make check payable to FDSOA in U.S. funds.)
- Purchase Order # (Copy of PO must be provided to process membership)
- Credit Card  MasterCard  Visa  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax to: 508-881-1128

-OR-

Mail to: PO Box 149

Ashland, MA 01721-0149

FDSOA