



ORGANIZATION MEMBERSHIP APPLICATION

New _____

Renew _____

CONTACT INFORMATION

Company Name _____

Your Name & Position _____

Address _____

City/State/Zip/Country _____

E-mail _____

Phone _____ Text _____

MEMBERSHIP CATEGORY, TERMS & DUES – *Please select*

	FOR PROFIT	NON PROFIT
One year	\$125 _____	\$75 _____
Two years	\$200 _____	\$125 _____
Three years	\$300 _____	\$150 _____
Lifetime	\$2,500 _____	\$1,875 _____

Tax-Deductible Donation \$ _____ **THANK YOU!**

Total Payment \$ _____

FORMAT FOR INFORMATION – *Please circle your preference:*

E-mail Large Print: 16 bold Braille: grade 1 Braille: grade 2

PLEASE MAIL YOUR APPLICATION & PAYMENT TO AADB

c/o Mark Gasaway 3825 LaVista Road, W-2 Tucker, GA 30084

For AADB Use Only: Date Received _____ Amount Received _____