



Membership Form

CONTACT INFORMATION

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Phone: _____ Fax: _____

Primary Contact Name: _____ Title: _____

Primary Contact E-Mail: _____

How did you hear about CDA? _____

DUES PAYMENT

1. Select your payment level:

	Annual Budget	Dues
_____	Less than \$75,000	\$200
_____	\$75,000-\$100,000	\$250
_____	\$100,000-\$250,000	\$300
_____	\$250,000-\$500,000	\$400
_____	\$500,000-\$1M	\$500
_____	More than \$1M	\$650
_____	Public Agency	\$300
_____	Vendor/Consultant	\$250
_____	Individual	\$100

2. Payment Information:

_____ Check (Payable to the International Downtown Association)

_____ Visa _____ MasterCard _____ AmEx

(Credit Card Number)

_____/_____
(Expiration) (CVN)

(Name on Card)

(Signature)

Return completed form with payment to:

International Downtown Association

910 17th Street NW, Suite 1050, Washington, DC 20006