



## 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:

	<b>Annual Budget</b>	<b>Dues</b>
_____	Less than \$100,000	\$100
_____	\$100,000-\$500,000	\$350
_____	\$500,001-\$1M	\$600
_____	More than \$1M	\$800
_____	Public Agency	\$500
_____	Corporate	\$350
_____	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 17<sup>th</sup> Street NW, Suite 1050

Washington, DC 20006