

## MEMBERSHIP FORM

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:

Nonprofit Annual Budget	Dues
<input type="checkbox"/> Less than \$100,000	\$105
<input type="checkbox"/> \$100,000-\$500,000	\$367
<input type="checkbox"/> \$500,001-\$1M	\$630
<input type="checkbox"/> \$1M-\$3M	\$945
<input type="checkbox"/> More than \$3M	\$1260
Please circle: BID PBID BIA CBD CID Assoc. Other	
<input type="checkbox"/> Public Agency	\$525
<input type="checkbox"/> Corporate	\$750
<input type="checkbox"/> Individual	\$105

## DONATION

2. If you wish to donate, please add an amount:

Donation Amount \_\_\_\_\_

## TOTAL

Total Amount \_\_\_\_\_

Payment Information:

\_\_\_\_\_ Check  
(Payable to the International Downtown Association)  
\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx

\_\_\_\_\_  
(Credit Card Number)

**\*Please do not email your credit card number. Please call IDA at (202) 393.6801 to process credit card payments over the phone.**

\_\_\_\_\_/\_\_\_\_\_  
(Expiration) (CVN)

\_\_\_\_\_  
(Name on Card)

\_\_\_\_\_  
(Signature)

Return completed form with payment to:

**International Downtown Association**

1275 K Street NW, Suite 1000

Washington, DC 20005

Questions? Email [customerservice@downtown.org](mailto:customerservice@downtown.org)