

## **Associate Application**

To apply for membership in the National Association of ADA Coordinators or to renew annual membership, please complete this application (print clearly or type):

Name:					
Organization	n:				
Address:					
City:		State:	ZIP:_		
Phone Num	ber:	Cell Number:	:		
Email:					
Date of appl	lication:				
	Type of Membership  [ ] Individual Associa [ ] Organizational As [ ] Professional Individual year and must include located on web site)	ate \$200 Annua ssociate \$375 An ridual Associate \$	l nual 6300 (first	vership Fee:	
Please emai	I the application to	naadacemail@g	ımail.com.	You will be contacte	C

**Please email the application to** naadacemail@gmail.com. You will be contacted to arrange payment by credit card.

Association is a 501(c)3 nonprofit - FEIN #33-0595554