

2016 ACDA Student Membership Initiative

Complete this membership form online (no handwritten forms accepted).

At which institution are you studying? *The name of your college or other place of instruction.*

ACDA membership number: *If you have ever been an ACDA member, please indicate your member number. (Call Leane DeFrancis at 405-232-8161, ext. 110, to retrieve your member number, if needed.)*

First Name:

Last Name:

Your mailing address:

Address 1:

Address 2

City:

State:

Zip Code:

Your telephone number (000-000-0000):

Your email address:

- If you are a RENEWING STUDENT MEMBER, please enclose a check for **\$20**
- If you are a NEW STUDENT MEMBER, please enclose a check for **\$5**
- (If you are a student who is fully employed in the field, please pay the regular membership fee)

Check one:

I enclose a check made out to ACDA. Check number:

The check is drawn on my account. Check number:

The check is drawn on someone else's account. Name of account holder:

Send this form and your payment to:

ACDA

Attn: Student Membership Initiative

545 Couch Dr

Oklahoma City, OK 73102