



**Membership Application**  
**2017-2018 (February 1, 2018 through July 31, 2018)**

<b>Name</b> _____
<b>Title</b> _____
<b>Phone</b> _____ <b>Mobile</b> _____
<b>Firm</b> _____
<b>Address</b> _____
<b>City/St./Zip</b> _____
_____
<b>Email</b> _____
<b>Web Site</b> _____

**Select Membership:**

- Premier Individual Member: \$99.50     Premier Corporate (2-19 members): \$89.50  
 Premier Corporate Plus (20+ members): \$84.50

**TOTAL \$** \_\_\_\_\_

**Payment Method**

- Check Enclosed (payable to Chicago Association of Direct Marketing)  
Charge this to my:     Visa     MasterCard     Amex     Discover

**Cardholder Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **CVV** \_\_\_\_\_

(Rev. 0517)