

MEMBERSHIP APPLICATION

1. REGISTRATION INFORMATION:

Name: _____

Title: _____

Organization: _____

Address: _____

This address is: Home Department

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail: _____

2. MEMBERSHIP TYPE

- Active **\$85/year**
 Organizational **\$385/year**
 Sustaining **\$500/year**

International (except Canada) please add \$30.00

3. DEMOGRAPHIC STATUS

- Career
 Volunteer
 Combination

Total Due (in U.S. Dollars): \$ _____ **PAYMENT MUST ACCOMPANY FORM**

4. PAYMENT INFORMATION:

- Check Enclosed (Please make check payable to FDSOA in U.S. funds.)
 Purchase Order # (Copy of PO must be provided to process membership)
 Credit Card MasterCard Visa Discover

Card #: _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Fax to: 508-881-1128 -OR- Mail to: FDSOA
PO Box 149
Ashland, MA 01721-0149