



ASSOCIATION OF DEFENSE COMMUNITIES

Closed Base Communities *(Local Redevelopment Authority)*

Budget	Dues	Members
Less than \$500,000	\$200	1
\$500,000 - \$1,000,000	\$325	2
More than \$1,000,000	\$450	3

Active Base Communities *(Government/Community Organization)*

Population	Dues	Members
Less than 100,000	\$200	1
100,000 – 199,999	\$325	2
200,000 – 500,000	\$450	3
More than 500,000	\$575	4

Non-Profit Organizations

Operating Budget	Dues	Members
Less than \$500,000	\$200	1
\$500,000 - \$1,000,000	\$325	2
More than \$1,000,000	\$450	3

State Agencies	Dues	Members
ALL	\$200	2

Private Companies

Employees	Dues	Members
Less than 10 employees	\$600	2
10-50 employees	\$950	3
50+ employees	\$1,500	4

Special Categories

	Dues	Members
Additional Member	\$200	1
Sole Practitioner/Consultant	\$325	1
Affiliate Organizations (Universities)	\$200	1

*Only listed members receive discounted rates for ADC conference and events. Additional members can be added for \$200.

**Memberships expire on September 30 of each year. All memberships must be renewed in October. A reminder notice will be sent to the primary contact for renewal.

QUESTIONS?

PLEASE FEEL FREE TO CONTACT ADC AT (202) 822-5256

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Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PRIMARY CONTACT: *(This individual will receive all notices regarding the organization's membership and is the ONLY one able to make changes to the membership).*

Full Name: _____
 Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Membership Category: _____ (Please refer to the dues structure)

COMPLIMENTARY ADDITIONAL MEMBERS (refer to the dues structure)

Complimentary Member #1

Full Name: _____
 Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Complimentary Member #4

Full Name: _____
 Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Complimentary Member #2

Full Name: _____
 Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Complimentary Member #5

Full Name: _____
 Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Complimentary Member #3

Full Name: _____
 Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Complimentary Member #6

Full Name: _____
 Title: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

PAYMENT INFORMATION		
Credit Card	VISA _____	MASTER _____ AMEX _____
Card Number:	_____	Expiration Date: _____
Cardholder's Name:	_____	
Check Payment	_____	Check # _____

Please mail application/payment to:
 Association of Defense Communities
 c/o Signal Financial Federal Credit Union
 Lock Box A-1 / PO Box 189
 Kensington, MD 20895-0189