

DAMA COC 2004 Membership Form Invoice

Make Checks Payable to: DAMA COC (Receipts available upon Request)

Mail Membership Form and Check to:

DAMA COC PMB 267 1799 W. Fifth Ave Columbus, OH 43212

Please fill out the section below for Individual or Student Memberships only - * indicates required information

<input type="checkbox"/> Individual Member \$70.00	<input type="checkbox"/> Student Member \$10.00	New _____ Renewal _____
* First Name _____ Middle Initial _____		
* Last Name _____		
* Address _____		
* City _____ * State _____ * Zip Code _____		
* Primary email contact _____ Phone (____) _____		
Current School _____ <small>(* Required for Student Membership Only)</small>		

Please fill out the section below for Corporate Memberships only - * indicates required information

Is your company or organization a Platinum, Gold or Silver Sponsor? ___Yes ___No	New _____ Renewal _____															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 5%;">X</th> <th style="width: 25%;">Number of Members</th> <th style="width: 25%;">Membership Cost</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>0-5</td> <td>\$200</td> </tr> <tr> <td><input type="checkbox"/></td> <td>6-10</td> <td>\$350</td> </tr> <tr> <td><input type="checkbox"/></td> <td>11-15</td> <td>\$450</td> </tr> <tr> <td><input type="checkbox"/></td> <td>16 or greater</td> <td>\$700</td> </tr> </tbody> </table>	X	Number of Members	Membership Cost	<input type="checkbox"/>	0-5	\$200	<input type="checkbox"/>	6-10	\$350	<input type="checkbox"/>	11-15	\$450	<input type="checkbox"/>	16 or greater	\$700	<div style="border: 1px solid black; padding: 5px;"> <p><i>Platinum, Gold or Silver sponsors receive a 10% discount on corporate memberships. Contact membership@damacoc.org for more information.</i></p> </div>
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<input type="checkbox"/>	0-5	\$200														
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<input type="checkbox"/>	11-15	\$450														
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The information below relates the Company or Organization:																
* Company or Organization Name _____																
* Address _____																
* City _____ * State _____ * Zip Code _____																
* Company or Organization Primary Contact Name _____																
Please list all member information below – use an additional forms as necessary. You MUST list ALL members.																
First Name	MI	Last Name	Mail Stop	Phone	E-Mail											

Note: DAMA COC is a not-for-profit organization, Tax Identification Number 31-1793174