DAMA COC 2008 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 Memberships only - * *indicates required information*

☐ Individual Member $80.00 New ___ Renewal ___

* First Name _____ Middle Initial ___

* Last Name _____

* Address _____

* City _____ * State _____ * Zip Code _____

* Primary email contact _____ Phone (___)_____(Work/Personal)

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 ___

X	Number of Members	Membership Cost
	1-5	$250
	6-10	$400
	11-15	$500
	16 or greater	$750

Sponsors receive a 10% discount on corporate memberships. Contact membership@damacoc.org for more information.

Please also provide us with an alternate email address

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	EMail

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