



NDAA Membership Form

Membership for the Year(s): _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

**Please note the quarterly newsletters will be sent by e-mail unless otherwise requested.*

Membership: **Current** or **New** (circle One)

Memberships are per calendar year (January-January).

Membership Categories:

- *Individual: \$20.00(USD)*
- *Institution: \$40.00 (USD)*

Make checks payable to: **NDAA**

Send check and form to:

NDAA Membership
P.O. Box 179
Bismarck, ND 58502

If including a donation to the **NDAA General Fund** or the **Cynthia Kordecki Scholarship Fund** (circle one), please specify amount: _____

Thank you!