Dues Invoice

Join or Renew your membership on-line at www.aaidd.org

AAIDD
P.O. Box 79134
Baltimore, Maryland 21279-0134
Phone: 800-424-3688 or 202-387-1968; Fax: 202-387-2193

❑ **Mr.** ❑**Ms.** ❑**Dr.** ❑ **Rev.** ❑**Sr.** (***Please indicate***)

First Name _____ **MI** _____

Last Name _____

Address _____

Address _____

City _____ **State/Province** _____

Zip Code _____ **Country** _____

E-mail _____

Nickname _____

Phone _____

Date of Birth_____

Employer _____

Job Title _____

Highest Degree _____

Student at*_____

****Required for student dues discount***

Who suggested that you join AAIDD?_____

Annual Dues

Membership Categories:

- ❑ **$50** International Electronic (open only to those outside the US and Canada)
- ❑ **$75** Basic
- ❑ **$125** Classic
- ❑ **$175** Standard
- ❑ **$250** Premium
- ❑ **$595** Corporate

Students enjoy a 20% discount on any membership type.

Annual Dues **$**_____

Professional Interest Groups:

Membership in most Division, Special Interest Group, Action Network, or other groups have a fee. Place an "X" before any Group you want to join and total the fees.

- ❑ Administration ($10)
- ❑ Creative Arts Therapies ($10)
- ❑ Communication Disorders ($10)
- ❑ Community Services ($10)
- ❑ Direct Support Professionals ($10)
- ❑ Education ($10)
- ❑ Families ($10)
- ❑ Gerontology ($10)
- ❑ Genetics ($10)
- ❑ Health & Wellness ($10)
- ❑ Humanism ($10)
- ❑ International ($10) ***New!***
- ❑ Legal Process & Advocacy ($10)
- ❑ Mental Health Services ($10)
- ❑ Multicultural Concerns ($10)
- ❑ Psychology ($10)
- ❑ Religion & Spirituality ($30)
- ❑ Research ($10) ***New!***
- ❑ Social Work ($10)
- ❑ Sexual/Social Concerns ($10)
- ❑ Student & Early Career Professionals *(no cost)* ***New!***
- ❑ Technology ($10)

Total Cost of Professional Interest Memberships **$**_____

Contribution to the Student Scholarship Fund **$**_____

Donation to AAIDD **$**_____

TOTAL Payment **$**_____

Payment Information:

❑**Check enclosed payable to AAIDD in US dollars.**

Account Number

❑ **Visa** ❑**MasterCard** ❑**American Express** ❑**Discover** ❑**Diners Club**

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Expiration Date_____

Name on Account_____ **Signature**_____

Return this invoice with your payment either via fax or mail. Or, renew your membership on-line at www.aaidd.org