

## STUDENT MEMBERSHIP\* APPLICATION

Please Type or Print All Information Below. \*Full time students in North American only.

NAME (FIRST NAME, MIDDLE I	NITIAL, LAST NAME)			BIRTHDAY (MM/DD/YY)
EMAIL ADDRESS	PHONE N	PHONE NUMBER (INCLUDE AREA CODE)		STUDENT ID NUMBER
NAME OF UNIVERSITY			SCHEDU	ILES DATE OF GRADUATION (MM/YY)
CURRENT ADDRESS:	ON CAMPUS OFF CAMP	vUS		
CURRENT ADDRESS (INCLUDE	S P.O. BOXES AND/OR MAIL DROPS)			
ITY STATE			ZIP CODE	
PERMANENT ADDRESS (INCLU	JDES P.O. BOXES AND/OR MAIL DROPS)			
CITY	STATE			ZIP CODE
I AM A: 🗆 FRESHMAN	N 🗆 SOPHOMOR 🗖 JUNIC	DR 🗆	SENIOR GRADUATE	
	<b>IS</b> udent Membership Dues <b>\$25.00</b> embership Dues <b>\$85.00</b>		UPGRADE □Individual Membership Plu	us Dues* <b>\$21.00</b>
<ul> <li>Non-North American Membership Dues \$155.00</li> <li>Online Membership Dues \$75.00</li> <li>(Included in payment is a one-time processing fee of \$5.00)</li> </ul>			* Only residents of North America are eligible for Individ- ual Membership plus and must have a North American Individual Membership or are currently an employee of a NADCA Corporate Member.	
	<b>please indicate below):</b> ADCA in U.S. Dollars Drawn on a U.S. Bank Or	nly!		
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CREDIT CARD ACCOUNT #				EXPIRATION DATE
CARDHOLDER'S COMPLETE N	AME (PLEASE PRINT: FIRST, MIDDLE INITIAL, I	LAST)		
CARDHOLDER'S SIGNATURE (I	REQUIRED FOR PROCESSING)			
	NORTH AMERICA 3250 N. Arlington Heights F	N DIE CA Rd., Ste. 10	forms require a credit card) to: STING ASSOCIATION 01 • Arlington Heights, IL 60004 : membership@diecasting.org	

Note: NADCA dues are not deductible as charitable contributions for federal income tax purposes, but may be deductible as a business expense.