

NEDA Network Membership Payment Form

Please Note: A \$150.00 Payment is required ONLY for the “Perks Membership” level. You must fill out the online membership form BEFORE sending in your “Perks Membership” payment.

Member Information

Organization Name _____

Executive Director/CEO/Owner (Lead Staff Person, include title) _____

Phone Number _____ Email _____

Payment Information

Annual Dues: \$500 (this amount is valid for membership applications placed through April 30, 2017)

Check

Credit Card Visa MasterCard American Express

Account Number _____ Expiration Date _____

Print Name on Account _____

Signature _____