



American Association on Intellectual and Developmental Disabilities

Dues Invoice

Join or Renew your membership on-line at www.aaid.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

/ /	Expiration Date _____
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Name on Account _____ Signature _____

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