



National Career
Development
Association

ORGANIZATIONAL MEMBERSHIP APPLICATION

NCDA offers an Organizational Membership option for groups of members from an institution, company, career center, or other entity wishing for consolidated billing. Organizational membership will have tiered pricing based on the number of members joining and will receive the same membership benefits as the other NCDA members. All NCDA member publications will be sent to the main organization address. The paying entity may update the list of members throughout the annual membership period. For changes, simply e-mail **nscrimsheer@ncda.org**, indicate your membership #, and request a change.

ORGANIZATIONAL MEMBER PRICING:

- ☐ Up to 3 members at \$285.00 annually
- ☐ Up to 5 members at \$475.00 annually
- ☐ Up to 10 members at \$900.00 annually
- ☐ Up to 15 members at \$1275.00 annually

If more than 15 members are needed, contact NCDA at 918-663-7060 or **nscrimsheer@ncda.org**.

ORGANIZATION: _____

MAIN CONTACT: _____

TITLE: _____

E-MAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTRY: _____

MAIN PHONE: _____

ALTERNATE PHONE: _____

WEBSITE: _____

PAYMENT

Preferred method of payment is credit card. Complete information below. Email directly to **nscrimsheer@ncda.org**. Checks may be mailed with form to: NCDA, 2468 W. New Orleans St, Ste. A, Broken Arrow, OK 74012. PO Payments need hard copy of PO sent to address or email **nscrimsheer@ncda.org**.

Questions? **info@ncda.org** or **918-663-7060**.

Membership is for a full year from application date; allow 7-10 days for processing.

CREDIT CARD #: _____

EXP DATE: _____ SECURITY CODE: _____

NAME ON CARD (PRINT): _____

SIGNATURE: _____

CC BILLING ADDRESS: _____

CARDHOLDER E-MAIL: _____

ETHICS ACKNOWLEDGEMENT

As the lead representative for this organization, I am aware that all of my employees applying for NCDA membership are bound by the NCDA Code of Ethics. I also understand NCDA's privacy statement and other NCDA policy statements are listed on www.ncda.org for my information.

☐ _____ (provide initials that you agree)

ORGANIZATIONAL MEMBERS:

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____

NAME: _____

E-MAIL: _____