



New Membership / Annual Dues \$150.00

Same form used for new membership as well as yearly dues
Contact Treasurer for special invoicing requests.

First Name _____ Last Name _____

Title _____

Business Name _____ Industry (Aerospace/Automotive/Defense/Finance/Government/Retail, etc.) _____

Company Street Address _____

Phone _____ Emergency Phone _____ Fax _____ Email _____

Membership (\$150.00):
 New
 Continuing

Check Payable to: ASDP, Inc. Non-Profit Status 501(c)(3) Tax #20-0065647
Mail checks to: Alliance of Supplier Diversity Professionals, Inc. (ASDP)
Phyllis Grant, Treasurer
P.O. Box 782049
Orlando, FL 32878-2049
(407) 306-6904 Phone
(407) 306-2839 Fax
treasurer@asdp.us

ASDP is a non-profit organization exempt under Federal Income Tax under section 501 (c)(3) of the Internal Revenue Code.
Contact ASDP Treasurer for additional information.

Circle type of credit Card: American Express Visa Master Card Discover

Credit Card Account Number: _____ Expiration Date: _____

Name on Credit Card: _____

Credit Card Billing Address: _____
Street City State Zip

Cardholder Telephone Number _____

Amount of Credit Card Transaction: _____

Cardholder Signature Authorization certifying the foregoing information is correct and payment is authorized:

Sign: _____ Date: _____