

**2018  
MEMBERSHIP RENEWAL FORM**

Please check the type of membership renewal requested

- \$75 Professional Membership       \$50 Associate Membership       \$25 Student  
Membership

**DUE DATE: DECEMBER 31, 2017\***

*Please make checks payable to DSID and mail with completed form to:*

Molly Orendorf  
DSID Membership Coordinator  
229 Mimosa Drive  
Centerville, OH 45459

List the information below as you would like it to appear:

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address\*\* \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ For Professional/Associate Members: Cell listed on website? **Yes or No**  
E-mail Address: \_\_\_\_\_  
Website: \_\_\_\_\_

We are also offering our membership the option to make an additional donation to help support our **Memorial Scholarship Award**. If you would like to contribute, please note the amount here and include with your dues check. \$\_\_\_\_\_.

\*To ensure your name is included on the 2018 Membership List and Website (for professional members), please return this Membership Renewal Form and Annual Dues check on or before **December 31, 2017**. If you have any questions, please contact Molly at 937.901.6448 or [morendorf@gmail.com](mailto:morendorf@gmail.com)

\*\*If you would like your mailings sent to an alternative address, please indicate that address as well.

**Thank you** for submitting your dues promptly.