

2019

MEMBERSHIP RENEWAL FORM

Please check the type of membership renewal requested

\$75 Professional Membership

\$50 Associate Membership
Membership

\$25 Student
Membership

DUE DATE: DECEMBER 1, 2018*

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

Molly McDermitt
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 2019 Membership List and Website (for professional members), please return this Membership Renewal Form and Annual Dues check on or before **December 1, 2018**. If you have any questions, please contact Molly at 937.901.6448 or 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.