

**2021
MEMBERSHIP RENEWAL FORM**

Please check the type of membership renewal requested

\$75 Professional Membership

\$50 Associate Membership
Membership

\$0.00 Student

DUE DATE: DECEMBER 1, 2020*

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

Lisa Crouch
DSID Membership Coordinator
P.O. Box 750981
Centerville, OH 45475

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: _____

Check here if there are no changes from what is currently on 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 2020 Membership List and Website (for professional members), please return this Membership Renewal Form and Annual Dues before **December 1, 2020** If you have any questions, please contact Lisa at 937.609.5472 or lisakcrouch@woh.rr.com**

Students: Please fill out a new form each year to remain on the membership list. Your Membership costs is complimentary.

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

Thank you for submitting your dues promptly and we welcome you to DSID